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USAID Advancing Nutrition Final Report

October 1, 2018–February 2024



FEBRUARY 2023

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

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USAID Advancing Nutrition was a consortium of 10 partners. While JSI Research & Training Institute, Inc. (JSI) led the project, our accomplishments are shared with our partners who contributed staff, experience, expertise and countless hours of planning, discussion, and reporting. And, for that our heartfelt gratitude goes out to our Partner Advisory Group members and support staff at Save the Children, Helen Keller International, Results for Development, National Cooperative Business Association CLUSA International, Global Alliance for Improved Nutrition, University of California, Davis, Cornell University, The Manoff Group, and the Africa Nutrition Leadership Project at Northwest University. The leadership and systems at JSI provided this large and complex project with exactly what was needed to support individuals living around the world to do excellent work every single day, providing a welcoming environment at JSI's offices as well as through the virtual spaces established during the COVID-19 pandemic.

Without exception, our work aimed to improve nutrition outcomes in countries most affected by the direct and underlying contributors to malnutrition. We worked with a broad range of stakeholders—governments, communities, nongovernmental, and civil society organizations, research entities, and numerous experts—who brought their knowledge, commitment, and expertise to all that we did together. The extent to which each stakeholder brought their unique experience to the work for the good of the whole was inspiring, and it shows in our results which highlight the importance of localization, multi-sectoral collaboration, and learning as critical to sustaining technical and research advancements for nutrition across health and food systems in development and fragile and humanitarian contexts.

Finally, I wish time and space allowed me to name every single person who worked on this project. Instead, I simply thank each and every one of you and acknowledge your greatness as professionals and as human beings. You committed, led, listened, facilitated, developed, wrote, presented, endured, reviewed, adjusted, created, debated, persevered, and triumphed. And you did this with a level of rigor, excellence, good humor, patience, respect, and good will that was both inspiring and humbling. I could not have asked to work with a more amazing team! I have learned so much from you and I hope you are as proud of yourselves as I am of you for the diverse and important results described in this report.

With warm regards to you all,

Heather Danton
Project Director, USAID Advancing Nutrition
February 2024

Acronyms

AIDS	acquired immunodeficiency syndrome
ATF	Anemia Task Force
BFHI	Baby-Friendly Hospital Initiative
BHA	Bureau for Humanitarian Assistance
CLA	collaborating, learning, and adapting
CSA	Child Survival Action
CSP	capacity strengthening plan
DEIA	diversity, equity, inclusion, and accessibility
ECD	early childhood development
FANTA	Food and Nutrition Technical Assistance
FNS	food and nutrition security
FTT	financial tracking tool
FY	fiscal year
GH	Bureau for Global Health
GMP	growth monitoring and promotion
GNCP	Global Nutrition Coordination Plan
HCES	household consumption and expenditure survey
HIV	human immunodeficiency virus
iCCM	integrated community case management
IGAD	Intergovernmental Authority on Development
IP	implementing partner
IR	Intermediate Result
IYCF	infant and young child feeding
JSI	JSI Research and Training Institute
KM	knowledge management
LeNNS	Learning Network for Nutrition Surveillance
LMIC	low- and middle-income countries
LSFF	large-scale food fortification
M&E	monitoring and evaluation
MDA	ministries, departments, and agencies
MDD	minimum dietary diversity
MEL	monitoring, evaluation, and learning
MERL	monitoring, evaluation, research, and learning

MIYCAN	maternal, infant, young child, and adolescent nutrition
MOH	Ministry of Health
MOMENTUM	Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale
MSN	multi-sectoral nutrition
MTDP	medium-term development plan
NGO	nongovernmental organization
NMSNAP	National Multi-Sectoral Nutrition Action Plan
NWGFF	National Working Group on Food Fortification
PMO	Prime Minister’s Office
PSMN	Plan Stratégique Multisectoriel de Nutrition (Multi-Sectoral Nutrition Strategic Plan)
PY	project year
RCEL	responsive care and early learning
RCHP	Republican Center for Health Promotion
REFS	Bureau for Resilience, Environment, and Food Security
RFSA	Resilience and Food Security Activity
RMS	Resource Mobilization Strategy
SeSTA	Seven Sisters Development Assistance
SBC	social and behavior change
SC	steering committee
SCFN	State Committee on Food and Nutrition
SDG	Sustainable Development Goals
SHN	school health and nutrition
SPRING	Strengthening Partnerships, Nutrition, and Innovations Globally
SQ-LNS	small-quantity lipid-based nutrient supplements
SUN	Scaling Up Nutrition
TA	technical assistance
TFNC	Tanzania Food and Nutrition Centre
TOR	terms of reference
TWG	technical working group
UC Davis	University of California, Davis
USAID	U.S. Agency for International Development
WASH	water, sanitation, and hygiene
WHO	World Health Organization

Executive Summary

Background

USAID awarded JSI Research & Training Institute, Inc., and a consortium of 10 global partners a five-year contract in August 2018 with the goal of strengthening implementation of the *USAID Multi-Sectoral Nutrition (MSN) Strategy 2014–2025*, which endeavors to improve human nutritional status and health around the world. Later named USAID Advancing Nutrition, the project aimed to provide technical support for country-led scale-up of effective, integrated, and sustainable nutrition-specific and nutrition-sensitive policies, programs/interventions, and systems. The work contributed to USAID’s objectives for preventing child and maternal deaths, the Global Food Security Strategy, Achieving an AIDS-Free Generation, and the Global Child Thrive Act. Our work built on USAID’s legacy of nutrition investments, including previous USAID flagship, multi-sectoral nutrition activities, Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) and Food and Nutrition Technical Assistance (FANTA) III.

Recognizing that nutrition is a critical link across USAID’s global health, food security, resilience, child development, and emergency programs, it was incumbent on USAID Advancing Nutrition to assist USAID in improving coordination of nutrition programs across USAID operating units, including strengthening operational effectiveness of the inaugural U.S. Government Global Nutrition Coordination Plan (GNCP) 2016–2021 and facilitating a process across U.S. Government agencies to plan and launch the next iteration of the GNCP 2022–2026. These efforts also supported USAID’s global nutrition leadership, which aligns with the global commitment to end hunger, achieve food security, and improve nutrition under Sustainable Development Goal 2.

Our approach sought to maximize linkages between USAID’s global priorities for nutrition and USAID Missions’ contextually-specific requests for assistance. We established thematically focused teams of experts that worked closely with USAID colleagues in the four Washington-based operating units that supported implementation of the MSN Strategy through USAID Advancing Nutrition: the Bureaus for Global Health (GH); Resilience, Environment, and Food Security (REFS); Humanitarian Assistance (BHA) and the Center for Children in Adversity. These same experts provided technical assistance to the 12 USAID Missions that bought-in to the project while also providing tailored technical assistance to 23 additional countries. We leveraged the expertise and global reach of our consortium partners to implement these programs, ensuring responsive and locally-driven results.

The breadth of activities and products completed during the five-year life of the project reflect USAID’s efforts to adopt and promote a systems approach to multi-sectoral nutrition programming—within and across health and food systems. We did this by supporting evidence generation and synthesis; improving measurement and learning; designing equitable and accessible tools and guidance; providing technical assistance to and strengthening the capacity of local communities, governments, implementing partners, and USAID; and disseminating and sharing these tools, resources, lessons, and evidence with a wide range of stakeholders using both targeted and global communications platforms.

Key Advancements for Multi-Sectoral Nutrition

USAID Advancing Nutrition’s work addressed both direct and underlying contributors to malnutrition as we collaborated with USAID to implement the *Multi-Sectoral Nutrition Strategy*. We have contributed significantly to research, implementation, and learning in several areas of work that are critical to sustaining impact for nutrition, including—

- mother and child-centered nutrition service delivery
- healthy diets

- nutrition governance
- social and behavior change
- localization
- nutrition in humanitarian contexts
- anemia and micronutrient malnutrition
- collaborating, convening, and sharing.

The full report includes summaries of why these areas of work are critical, what USAID Advancing Nutrition contributed, and how USAID and the global nutrition community might continue to apply and adapt our work. However, a few highlights that reflect how the project contributed to key advancements for multi-sectoral nutrition over the past five years follow:

Mother and Child-Centered Nutrition Service Delivery



USAID Advancing Nutrition collaborated with key partners at the global and country level to better integrate nurturing care components—including nutrition, responsive care, and early learning—into existing mother and child services to improve the quality of nutrition services within health systems and better tailor those services. This has included research, technical assistance, and implementation and resulted in the development of resources and built the evidence base. Highlights of work that has advanced our understanding of what and how to improve health systems and services for nutrition include—

- integrating [interventions to support early childhood development](#) into nutrition programming, which has also paved the way for additional work to [support the nutritional care](#) of children with feeding difficulties and disabilities
- conducting implementation research and developing tools to [improve the effectiveness](#) of growth monitoring and promotion programs
- exploring how to [institutionalize](#) the Baby-Friendly Hospital Initiative
- [building provider competencies](#) in breastfeeding counseling
- raising awareness of approaches and indicators [beyond stunting](#) to measure the impact of nutrition programs.

We had numerous technical lessons from our mother and child-centered work. Key among these is an **emphasis that caregiver well-being is essential** to ensure they receive support to act on recommendations, and that **delivering holistic services is essential** to achieve optimal child development.

Healthy Diets



USAID Advancing Nutrition developed a set of tools, guidance, and interactive resources and curricula spanning the entire food system—from food supply, through the food environment, to food and water utilization—that helps USAID and partners apply a food systems approach when programming to promote healthy diets. We also worked closely with USAID to fine-tune, share, and train USAID staff and partners in the use of an evidence-based conceptual framework that helps to apply a food systems lens to program design and measurement over several years. Some of our most

impactful activities have helped to [assess](#) the food environment, [measure diet quality](#), and [test measures](#) of consumer demand for nutritious foods. Learning from our work with USAID REFS helped to support a key hypothesis that **improving nutrition outcomes requires use of a food systems approach** because household actions alone are insufficient to improve diets.

Nutrition Governance



Recognizing how critical policy and governance is to sustaining multi-sectoral nutrition coordination, nutrition programs and outcomes, we supported nutrition governance-related work through 10 country programs at both national and sub-national levels. Our country-based work applied a range of approaches to enhance government commitment to nutrition based on country priorities. We collaborated with governments by providing technical assistance, supporting capacity strengthening, and acting as a convener and facilitator to—

- improve multi-sectoral nutrition policy development and adoption
- support multi-sectoral nutrition planning, budgeting, and financing
- institutionalize and define roles and responsibilities among a broad range of nutrition stakeholders to ensure transparent and consistent coordination and collaboration
- improve data use for accountability and decision-making.

We also developed a number of resources for global use/adaptation including a [Multi-Sectoral Nutrition Governance Resource Bank](#) and [guidance](#) for Scaling Up Nutrition Donor Network members for applying the nutrition policy marker. A key lesson from our work underscores the importance of having **clear commitment to nutrition financing** and to **leverage the use of existing governance platforms** to develop multi-sectoral nutrition financing, monitoring and accountability plans, policies, and procedures.

Social and Behavior Change



SBC is a central element in USAID's nutrition-related strategies and, to that end, we designed USAID Advancing Nutrition with social and behavior change at its center. We recognize that sustainable change is possible only if key evidence-based practices are not only identified and shared with the full range of system stakeholders but are supported for uptake and use through contextually-appropriate actions. We developed an internal roadmap with USAID that guided our work over the five years with a focus on three areas: 1) quality implementation of systematic processes to design, deliver, and measure nutrition-related behaviors and [social norm change](#); 2) monitoring and [evaluation](#) for SBC decision-making; and 3) sustainability and scale-up of nutrition SBC. A seminal output from our work was a [suite of high-quality SBC tools](#) to design, deliver, and measure nutrition-related behaviors and social norm change. However, an area where we made significant advancements, is defining and testing SBC approaches in fragile and humanitarian contexts. Our work has informed improved guidance for [complementary feeding practices](#) in emergency settings and helped implementing partners of BHA-funded resilience and emergency programs to better plan, implement and learn from integrating nurturing care within infant and young child feeding (IYCF) programming with practical guidance on how to layer and sequence activities by the [ages and stages](#) of children under two years of age. From our work with Breakthrough ACTION and a wide range of other key nutrition stakeholders, we learned that **co-creating solutions with human-centered or behavioral design approaches may support new insights and opportunities to resolve persistent challenges** like low participation in services or adherence to standard protocols by health workers.

Localization



Throughout the five years, we used a facilitative approach that drew on local experts, organizations, and institutions to sustain results. At the same time, COVID-19 pandemic-related travel limitations increased opportunities for localization given the need to work remotely alongside in-country teams. Through [multi-year partnerships](#), supported, in part, through USAID’s New Partnership Initiative (NPI), we applied a range of approaches to strengthen the technical, operational, and functional capacities of local organizations and networks to improve nutrition outcomes. Several of our outputs point to our experience in strengthening capacity of local partners to deliver and sustain high-quality multi-sectoral nutrition services and programs, such as [Strengthening the Capacity of Local Organizations Working in Nutrition: Learning, Implications for Localization, and Recommendations](#). A key learning from our capacity strengthening work was that **while training is useful, mentoring and supportive supervision contribute substantially to building competencies and sustaining change.**

Nutrition in Humanitarian Contexts



BHA supports both emergency and non-emergency programs. USAID Advancing Nutrition developed resources, guides, and tools to support quality nutrition program implementation. For example, we supported BHA to better understand challenges to and improve programming of resource transfers for protecting nutrition in emergency contexts. In non-emergency contexts, we tested program design and implementation tools and guidance and provided on-demand technical assistance to Resilience and Food Security Activity (RFSA) partners. An example of our technical assistance included, testing and evaluating the sustainability and suitability of strategies that promote [local foods](#) to replace U.S. government-provided resource assistance to address undernutrition in fragile settings. We contributed to better understanding the potential for using nutrition-sensitive agriculture interventions [in emergencies](#) and to [advance social and behavior change](#) sustainability and evaluation in fragile contexts. In the [Democratic Republic of Congo](#), we supported acute malnutrition treatment and prevention programming by helping improve collaboration and accountability among a full range of government, nongovernmental, and multilateral stakeholders. A key finding from across our portfolio of work in humanitarian contexts was that **investing in protecting complementary feeding in emergencies could help mitigate and reduce child wasting.**

Anemia and Micronutrient Malnutrition



We had the opportunity to collaborate with USAID and a range of global experts to address key gaps in both evidence and practice related to addressing micronutrient malnutrition and, in particular, iron-deficiency anemia across both health and food systems. In addition to developing and testing guidance for improving large-scale food fortification at the national level, we facilitated the development of guidance for conducting [context-specific assessments](#) of the causes of anemia to inform selection and design of appropriate interventions, and, in collaboration with research partners tested the validity and accuracy of [hemoglobin measurement](#) based on blood specimen type and HemoCue models. A key advancement came from our work with the Global Alliance for Improved Nutrition to [revise the estimate](#) of the global impact of micronutrient malnutrition and develop a transparent methodology to update the estimate in the future. We now understand that 1.4 million women of reproductive age and preschool aged children experience deficiency of at least one micronutrient. Learning from our micronutrient malnutrition work points to the **importance of maintaining a multi-sectoral lens** to micronutrient malnutrition prevention and treatment as collaboration with research, implementation, surveillance, and standards stakeholders—across sectors—has helped to refine or improve plans at country level and inform global research gaps.

Collaborating, Convening, and Sharing



USAID Advancing Nutrition strove to facilitate learning and sharing while also developing the evidence base across a range of topics. Knowledge management and communications were key to this effort. We learned the importance of bringing key stakeholders together to not only share but also debate and learn from each other to strengthen evidence; inform better practice; and advocate for changes in policies, programs, and strategies. Convenings were organized and facilitated for USAID, such as through [ongoing support](#) to the Global Nutrition Coordination Plan as well as the Multi-Sectoral Nutrition Global Learning and Evidence Exchanges held in Year 2. We

also planned and hosted a number of convenings with external experts/stakeholders to inform new priorities for USAID such as the consultation on improving food systems for complementary feeding held in December 2023. We used a collaborative approach to our implementation research to, for example, understand the impact of the COVID-19 pandemic on nutrition programming globally. We also relied on and facilitated USAID's use of expert consultations and cross-government collaborations to review, share and improve program evidence, design, implementation, and measurement. The COVID-19 pandemic greatly affected the methods, tools, and platforms for promoting collaboration. Our learning from facilitating gatherings and discussions in virtual, hybrid, and in-person environments points to the **continued importance of opportunities for one-on-one interactions to build trust and understanding** among and across stakeholder groups.

Key Results and Outputs

Our activity results framework supported the advancements described above and included three Intermediate Results (IR):

1. Equitable provision and utilization of proven, quality nutrition interventions and services at scale
2. Country commitment and capacity for multi-sectoral nutrition programming strengthened
3. Global learning, evidence, and innovative practices generated and applied to nutrition programs.

We summarize key achievements, results, and additional lessons learned over the life of this project by these three IRs below to provide a more comprehensive picture of the many useful outputs and achievements from the past five years of programming. We also encourage you to read the full report and visit our website for a more complete view of our work.

Equitable provision and utilization of proven, quality nutrition interventions and services at scale

Our efforts under IR 1 focused on developing, testing, and applying tools, guidance, and better practice in a range of technical areas to develop or improve the quality of services and interventions for nutrition. Our global and country work came together to increase or improve the utilization of evidence-based interventions and services at scale. We incorporated our cross-cutting technical competencies—social and behavior change; capacity strengthening; monitoring, evaluation, and learning (MEL); and knowledge management (KM)—into the development and testing of the guidance and tools we completed. This multi-sectoral, matrixed approach helped us distill lessons. For example, the more than 50 reports, briefs, and resources developed across our global and country programs to support women, infant, and young children's diets, demonstrated that addressing social norms around and building social support for women's diets can help increase consumer demand for healthy foods. Our [Generating Demand for Healthy Diets: Social Marketing Guide](#), incorporates critical learnings into a tested tool that enables teams to make informed marketing decisions, create strong marketing campaigns, and diagnose and solve challenges to improve access to and demand.

We also made strides to promote the integration of responsive care and early learning—two components of the Nurturing Care Framework—into nutrition services to promote optimal growth and development outcomes for children. For example, we developed [10 videos](#) to train health workers on how to recognize children’s cues and counsel caregivers on providing responsive care to their children. As a part of this work, we elevated an urgent need for the nutrition community to provide better support and inclusive services for children with feeding difficulties and disabilities through a virtual convening in collaboration with UNICEF. We also finalized a brief produced with the World Health Organization (WHO) and UNICEF, [Nurturing Young Children through Responsive Feeding](#), which explains responsive feeding and how to create the enabling environments caregivers need to responsively feed their young children.

Given the range of priorities across USAID operating units, we developed strategies to address program quality and implementation gaps among implementing partners, government service providers, and private sector actors within and across food and health systems. We focused on household and child care and feeding practices with an emphasis on high-quality social and behavior change and gender across all systems and sectors. Our results reflect our commitment to a facilitative approach that drew on local experts, organizations, and institutions to sustain results.

Figure I. Organizations Supported



Country commitment and capacity for multi-sectoral nutrition programming strengthened

Under IR 2, we strengthened capacities among a range of stakeholders; improved nutrition governance, including increasing government commitments to nutrition financing; and built evidence to improve program approaches, better understand program contexts, and improve measurement. These efforts provided a strong foundation for our most sustainable results. Localization underpinned our approach to all this work and we carried out capacity strengthening of both individuals and organizations with an eye to sustaining—and improving—skills, competencies, and outcomes. We employed a comprehensive set of strategies and approaches ranging from mentoring to workshops and training to peer-to-peer learning for strengthening capacities. Some example trainings included anemia prevention and control (in Ghana), nutrition-sensitive agriculture (in India), nutrition advocacy (in Kenya), and orienting health workers to key practices for responsive care and early learning (RCEL) (in Mozambique, Ghana, and the Kyrgyz Republic). As a part of our capacity strengthening efforts, we trained a total of 51,687 people in various health and nutrition topics, developed tools to strengthen nutrition content in pre-service curricula of

health service providers, and provided training on nutrition-sensitive agriculture program design for implementing partners and nutrition programming and funding for USAID staff.

Locally-led nutrition programming was at the heart of our technical approach, and we applied facilitative approaches to strengthen the capacity of governments, nongovernmental organizations (NGOs), and the private sector. Over the life of the project, we supported a total of 775 organizations across 29 low- and middle-income countries (LMICs) (box 1).

Ten country programs supported nutrition governance, each applying different approaches to influence and implement government policies, strategies, and investments toward nutrition. We supported the efforts to strengthen seven national nutrition plans. We also applied funds from GH to support global better practices for nutrition governance, producing policy briefs demonstrating the value of multi-sectoral nutrition investments in three counties in Kenya; a [Multi-Sectoral Nutrition Governance Resource Bank](#); and a brief entitled, [Transitioning Nutrition Financing from USAID to Domestic Resources](#). We found that—

- Supporting nutrition policy development and adoption requires collaborating closely with multi-sectoral government counterparts, tailoring to local contexts, and using data and evidence.
- Planning, budgeting, and financing are vital to translating nutrition policy into action, requiring strong political commitment from multiple sectors and relevant data, policies, guidelines, and capacity strengthening.
- Actors across sectors need to coordinate and collaborate to implement nutrition actions, which projects can support by building on existing government bodies, facilitating productive meetings, reviewing progress, and planning next steps.

Box 1. Organizations Supported

- Host country government agency: 491
- Private sector firm: 73
- Educational institution: 39
- Professional association: 3
- NGO/implementing partner: 121
- Other (e.g., working groups, non-US donors, multilateral organizations, research institutes): 36

We built our learning around case studies, literature reviews, quantitative studies with population-based surveys, qualitative studies, and implementation research, which often employed mixed methods and resulted in the production of at least 45 manuscripts for peer-reviewed journals. We also mentored local partners in conducting research and trained staff and partners in writing manuscripts for publication in peer-reviewed journals. Significant themes in our research and measurement work included improving the measurement of healthy diets, the Baby-Friendly Hospital Initiative, micronutrient status, integration of responsive care and early learning into nutrition services, health worker capacity, and the burden of micronutrient deficiencies in global and local contexts.

Collaborating, learning, and adapting (CLA) has been at the core of everything we do, as evidenced in a number of key initiatives we explored over the past five years. USAID Advancing Nutrition brought together staff across teams, outside experts, USAID colleagues across operating units, and a wide range of stakeholders to pursue both evidence generation and facilitated learning. In addition to applying CLA to program learning and adaptation during the COVID-19 pandemic, we used a CLA-led approach to inform the Women's Diets Learning Agenda which focuses on ensuring women and adolescent girls can consume healthy diets and access high-quality health services. Our work strengthening the capacity of local organizations developed learning and recommendations on localization efforts.

Global learning, evidence, and innovative practices generated and applied to nutrition programs

IR 3 was critical to ensuring our learning and results reached those who could use and adapt our findings to the range of contexts where USAID works. Over the life of the project, we developed and expanded USAID's nutrition knowledge management platform, hosting technical resources and tools from a decade of USAID's nutrition investments, and adding new resource collections to fill critical knowledge gaps on priority nutrition topics, including adolescent nutrition, feeding difficulties and disabilities, using local foods for optimal diets, and more. Our global reach leveraged multiple platforms, including social media, webinars, workshops, expert consultations (box 2), a bi-monthly [Multi-Sectoral Nutrition Resource Review](#) reaching over **19,931** subscribers. Over the life of the project, we hosted over **915** evidence-sharing events hosted with over **35,000** participants.

Box 2. Events Held

- 86 seminars
- 64 webinars
- 580 workshops
- 51 expert consultations
- 134 other (e.g., field days, health fairs, technical assistance, work planning)

The USAID Advancing Nutrition website has had over **149,783** downloads and we have over **8,562** X (formerly Twitter) followers and **13,203** LinkedIn followers.

USAID Advancing Nutrition facilitated sharing of multi-sectoral nutrition experiences and learning across USAID and globally. In 2021, in collaboration with USAID Washington, we hosted two virtual MSN Global Learning and Evidence Exchanges that highlighted country-based successes and learning in nutrition, reviewed current evidence, and provided a forum for exchange for USAID colleagues from Missions and Washington, D.C. The first event from February 8–11, focused on Africa and Latin American and the Caribbean. Approximately 240 people across 33 countries attended our 36 plenary and concurrent technical and skill-building sessions. The second event from March 23–25 and March 29–31, highlighted content and speakers tailored to practitioners in countries across Asia. It included 24 sessions attended by approximately 150 people

representing 26 countries.

Country Achievements

USAID Advancing Nutrition implemented high-quality programming and technical assistance through an established presence in response to 12 USAID Mission buy-ins. We included select highlights from our country work below:



BURKINA FASO

- Trained technical staff and supervisors from six sectors responsible for the implementation of the country's Multi-Sectoral Nutrition Strategic Plan (*Plan Stratégique Multisectoriel de Nutrition [PSMN]*) on results-based management
- Developed a digital dashboard embedded within the District Health Information System 2, containing 25 indicators used to monitor progress towards PSMN outcomes



KYRGYZ REPUBLIC

- Reached 211,651 individuals from 42,320 households in 515 villages through 4,859 trained community volunteers (activists) on 9 nutrition and hygiene-related modules aimed at improving nutrition knowledge, attitudes, and practices
- Trained 2,900 healthcare workers on nutrition, anemia, and RCEL, who in turn provided 131,000 counseling sessions to 19,900 pregnant women and 32,588 children under two

EAST AFRICA

- Established a regional learning network—Learning Network on Nutrition Surveillance—focused on nutrition surveillance that brings together key experts and stakeholders from Djibouti, Malawi, Zambia, Tanzania, Rwanda, Kenya, Somalia, and Uganda
- By sharing best practices and experiences, network members broadened their repertoire of resources and strengthened their country-specific nutrition surveillance systems



MOZAMBIQUE

- Supported the government to establish district multi-sectoral nutrition coordination committees in 19 districts
- Trained 60 high-level government officials in food and nutrition security policies and strategies
- Supported the training of 164 health providers, 132 staff from Transform Nutrition, 301 community health workers, 2,500 volunteers, and 28 journalists in RCEL.



GHANA

- Facilitated the development of government planning guidelines for food and nutrition security and strengthened the capacity of nutrition stakeholders in 17 districts to apply the guidelines to their 2022–2025 medium-term development plans
- Supported health workers to conduct outreach and home visits, helping to reach 262,832 children under five and 136,227 pregnant women with essential nutrition services and RCEL



NIGER

- Supported the government's transition from mass campaigns to vitamin A supplementation through routine health services, training 15 trainers, 505 health workers, and 3,899 community volunteers
- Supported the training of 104 heads of health centers and community stock managers in the Ministry of Health's drug logistics management system to help address supply chain challenges



HONDURAS

- Mapped and assessed food system actors and trained and/or provided technical assistance to 4,691 food system actors from 11 municipalities on best practices in food production, administration, and handling
- Reached 24,979 households, 9,225 children aged 0–59 months, and 1,671 pregnant women through project activities in support of services delivered by health, education, local government, and food system stakeholders



NIGERIA

- Bolstered the capacity of five State Committees on Food and Nutrition by co-creating capacity strengthening plans based on results from a baseline organizational capacity assessment
- Launched the Subnational Food Systems Dashboard, which enables state-level actors to access data on over 70 indicators for their state



INDIA

- Reached 24,598 women self-help group members with content on horticulture, aquaculture, women's empowerment, and nutrition via 138 trained community cadre members
- Trained 51 school management committees involving teachers and parents on nutrition and women's empowerment for agriculture



TANZANIA

- Supported the Prime Minister's Office institutionalize annual planning and budgeting meetings to ensure nutrition technical staff could review the plans and provide necessary inputs for smooth implementation
- Supported the Prime Minister's Office to develop the Resources Mobilization Strategy (RMS) and a methodology and tools to conduct annual RMS assessments



KENYA

- Established functional government-led and funded county and subcounty MSN platforms in Kakamega, Kisumu, and Kitui Counties
- Trained and supported 186 sector-wide nutrition champions engaged in prioritizing, securing funding for, and holding county governments accountable for the quality and coverage of nutrition services



UGANDA

- Conducted a market surveillance study to determine the availability of fortified food brands at the retail level and the presence and concentration of the required micronutrients in the four fortified food vehicles
- Developed training manuals for fortifying maize and wheat flour, and edible oils and fats and trained 36 trainers and 132 personnel from 26 industries

Challenges

Like all large and complex projects, USAID Advancing Nutrition met with a number of obstacles during implementation. We list a few of these challenges below:

- The U.S. government shutdown in the first quarter of operations delayed start-up.
- USAID's restructure inhibited the ability of each bureau supporting USAID Advancing Nutrition to consistently define/describe and share its priorities for nutrition programming.
- There were limitations on collaboration with multilateral organizations at the global level for the first two years of the project.
- Despite delays in country buy-ins and disparities in size and scope across country buy-ins, all had ambitious objectives.
- The COVID-19 pandemic eliminated travel and in-person gathering and required significant operational adaptation as the project grew exponentially.

Noting that all challenges also provide opportunities for innovation and improvement, we proactively adapted our approaches and applied lessons to respond to and mitigate these challenges. Some of these challenges resulted in outputs that others could use, such as our documentation of [COVID-19-related adaptations within USAID-funded nutrition investments](#). Another example of our response with positive results was our establishment of a dedicated Country Programs team to prioritize the quality of program plans and outputs. This created opportunities for sharing, and engendered strong relationships across country programs and global program staff, even with short-term country programs with demanding objectives.

Key Lessons and Recommendations

USAID's technical priorities for multi-sectoral nutrition programming influenced many of our lessons, while other points of learning arose from challenges associated with implementing multi-sectoral programming, providing technical assistance, testing tools and guidance, and completing implementation research, especially given COVID-19 pandemic related travel limitations. The full report includes a more [comprehensive list](#); however, for the purposes of this summary, we list a few key learnings and recommendations, including a set of higher level or more general operational recommendations as well as a selection of our more technically focused recommendations.

Operational Recommendations

- **Prioritize localization from the outset.** Work in collaboration with local partners to conceptualize, design, and implement engagements. Determining the objectives and approach for country buy-ins, designing and implementing research and learning activities, and prioritizing capacity strengthening approaches collaboratively is critical to effective localization. This level of collaboration also takes a significant amount of time and, as a result, may be more costly.
- **Establish diversity, equity, inclusion, and accessibility (DEIA) principles** early on in project structures and ways of working. DEIA efforts should consider all aspects of work, including human resources, technical assistance and capacity strengthening approaches, knowledge management and communications, and research engagements.
- **Pilot tools and/or guidance materials** with the intended users where possible to help strengthen materials and increase the likelihood they are used for their intended purpose. Offer specific examples of applications that can address common questions.

- Provide consistent resourcing and adapting for **CLA implementation** throughout the life of the project. Fostering a learning culture, developing flexible CLA plans and processes, and providing on-demand technical assistance and coaching on CLA can help ensure success.
- **Build partnerships with and engage a range of stakeholders**, from academics to community-based organizations, to define and target communications outputs to maximize their quality, use, and adaptation.
- **When and where possible, build on existing evidence**, experience, guidance, and tools to avoid replicating effort. At the same time, look beyond the usual experts to engage local thought leaders and elevate the local knowledge, communities, and private sector actors that are critical to understanding and solving challenges within and across food and health systems.
- **Promote the uptake, use, and adaptation of research, evidence-based approaches**, tools, and/or better practices requires targeted dissemination strategies; interactive platforms that encourage direct engagement can expedite this process.
- **Work spanning multiple operating units requires tailored approaches for different stakeholders** given differing priorities and needs. Facilitating dialogue and ensuring cohesion across operating units could help unify messaging and streamline systems.
- Socialize opportunities offered by global projects with Missions as early as possible to stimulate interest and buy-in early in the project cycle. Achieving sustainable outcomes or change for nutrition is extremely difficult with very short-term country activities or scopes of work.

Technical Recommendations

Improving Nutrition Practices, SBC, and Responsive Care and Early Learning

- Improve definitions and measures of quality counseling to help improve the effectiveness of this critical service.
- Support a systematic approach for revising pre-service training, as this will have a significant impact on health worker performance.
- Use responsive feeding approaches to allow for iteratively tracking and evaluating changes in priority nutrition behaviors and factors.
- Engage men to improve maternal, infant, and young child nutrition needs thoughtfully, and document efforts to share and encourage best practices.
- Expand the use of behavioral science to scale quality implementation and innovations.
- Continue to develop resources and build the evidence base to integrate responsive care and early learning into nutrition programming to improve early childhood development.
- Continue to use and adapt our tools to improve the effectiveness of growth monitoring and promotion programs.

Improving Nutrition in Humanitarian Contexts

- There are notable constraints associated with programming unconditional transfers to protect nutrition of vulnerable populations in emergencies (e.g., in the duration, amounts, targeting, and scope [size] of unconditional transfers). USAID BHA and other stakeholders working in humanitarian contexts need to improve ways to program resources to protect nutrition in emergencies.

- Address supply chain challenges in providing ready-to-use therapeutic foods and supplements to reach more children, especially with last-mile deliveries.
- Build sustainability and feasibility considerations for social and behavior change into RFSA requests for applications.
- Help partners better assess the feasibility of local food-based approaches to improve dietary diversity by promoting tools/guidance developed by USAID Advancing Nutrition.
- Continue to test, adapt, and document experience in using USAID Advancing Nutrition’s decision tool for complementary feeding in emergencies.

Improving Food Systems for Nutrition

- Continue to test and adapt approaches to measuring consumer demand for nutritious foods and shaping.
- Continue to apply and adapt USAID Advancing Nutrition’s guidance for assessing where interventions may be most effective for strengthening the food environment to make nutritious foods more accessible.
- Share findings from our work on the impacts of climate change on nutrition programming with a range of multi-sectoral stakeholders within USAID to inform further discussion about ensuring the consideration of nutrition in climate adaptation and mitigation efforts and develop a learning agenda that helps to map interactive pathways within the climate and nutrition nexus.
- Use the food systems conceptual framework as a starting place to orient agriculture, food security and other sectors to the need to focus on diets as the critical outcome to improve nutrition, and to help actors identify food systems-related actions for nutrition.

Introduction

USAID Advancing Nutrition was a five-year contract funded by the U.S. Agency for International Development (USAID) in August 2018 and extended through February 25, 2024. USAID created USAID Advancing Nutrition to support the implementation of USAID’s *Multi-Sectoral Nutrition Strategy 2014–2025*, by—

- improving coordination and collaboration across sectors and disciplines to improve nutrition
- building and translating research, learning, and experience to programs and policies for improved implementation and scale
- strengthening the capacity of Missions and partners in achieving sustainable, scalable outcomes for nutrition across humanitarian and development contexts
- enhancing the quality and measurement of nutrition programming.

JSI Research & Training Institute, Inc. led a 10-partner consortium to implement USAID Advancing Nutrition, drawing on the unique expertise and global footprint of each partner to accomplish this purpose, including but not limited to—

- providing timely, appropriate technical assistance, designing and implementing activities in 12 country programs
- contributing to the evidence base to fill implementation and knowledge gaps
- partnering and collaborating with a range of global, national, regional, and local multi-sectoral nutrition stakeholders
- disseminating better practices for improving quality, reach and sustainability of multi-sectoral nutrition approaches.

Funding for this effort came from four operating units in Washington, D.C.—the Bureau for Global Health (GH); the Bureau for Resilience, Environment, and Food Security (REFS); the Bureau for Humanitarian Assistance (BHA); and the Center for Children in Adversity within the Bureau for Inclusive Growth, Partnerships, and Innovation. Over the life of the project, we also received buy-ins from 13 countries and one region: Mozambique, Kyrgyz Republic, Tanzania, Kenya, Ghana, Burkina Faso, Niger, Nigeria, Honduras, India, Uganda, Rwanda, and East Africa. Global funding from the Bureau for Humanitarian Assistance also enabled us to complete several multi-year activities in the Democratic Republic of Congo.

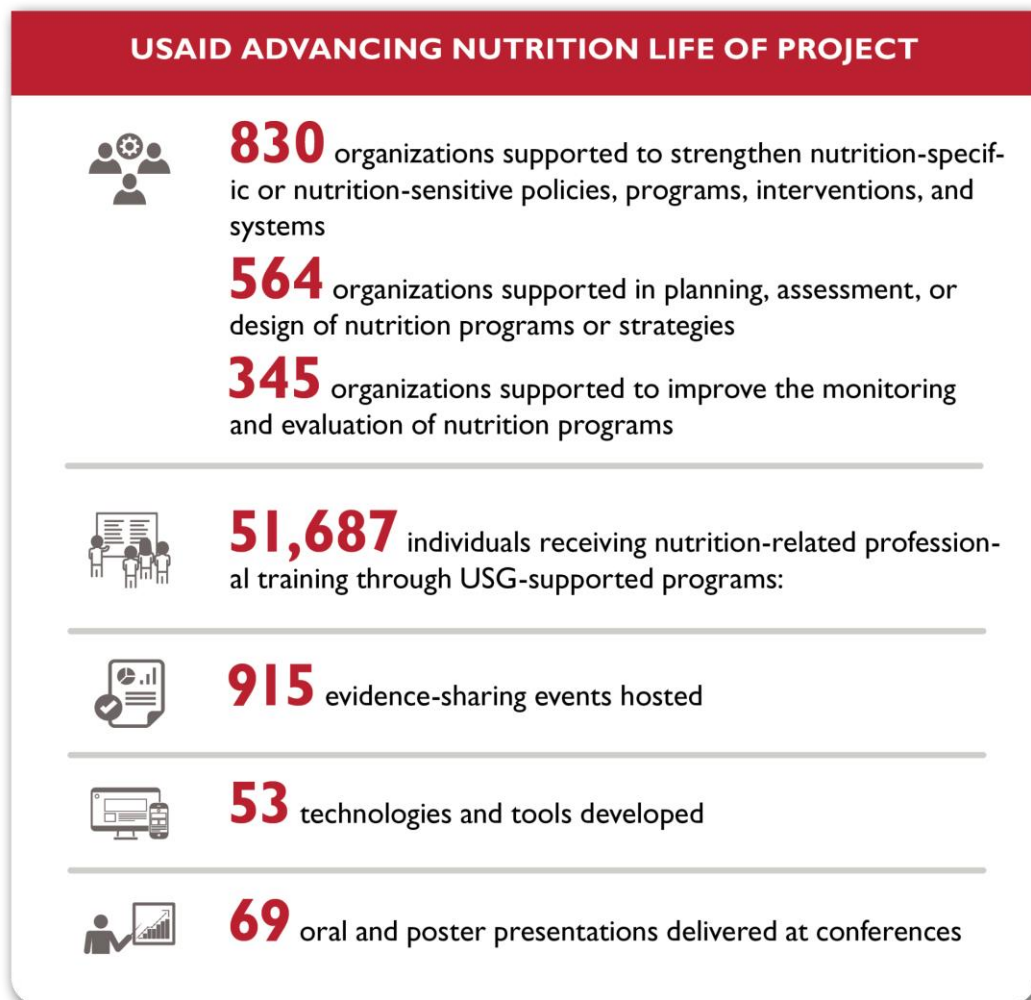
USAID Advancing Nutrition envisions a world where multi-sectoral nutrition is a norm and countries have the evidence, tools and commitment needed to improve nutrition as an essential step in their journey to self-reliance.

Box 1. Our Partners

- JSI Research and Training Institute
- Helen Keller International
- Save the Children
- National Cooperative Business Association CLUSA International
- The Global Alliance for Improved Nutrition
- Results for Development
- The Manoff Group
- African Nutrition Leadership Programme at North-West University, South Africa
- Cornell University
- University of California, Davis (UC Davis)

Links among activities, tools, learning, and evidence generation funded by Washington, D.C.-based operating units and the scopes of work funded by the USAID Missions were critical to our results, and reflected our commitment to collaboration, capacity strengthening, and measurement.

Figure 2. Our Accomplishments

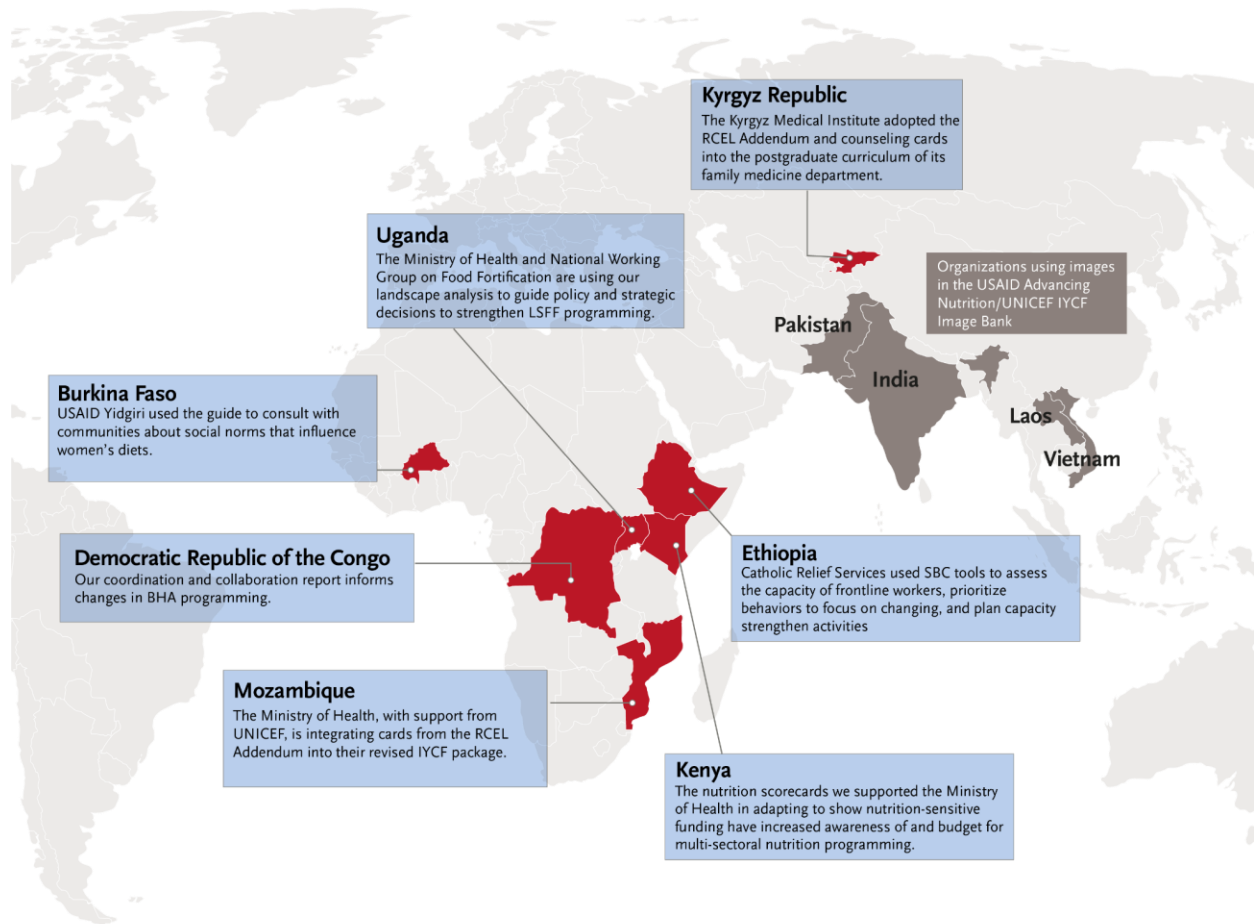


We applied collaborating, learning, and adapting (CLA) approaches across globally- and country-funded activities to improve organizational effectiveness and efficiency, promote internal and external collaboration, and strengthen technical implementation and learning. Our CLA approach evolved throughout the life of the project to adapt to external conditions (e.g., the COVID-19 pandemic), our team and project needs, and work plans. We fostered [a culture of CLA on the project](#); worked to strengthen staff capacity on CLA; and used CLA action planning, pause and reflects, learning activities and agendas to generate and synthesize learning to adapt our activities and to share in the countries where we worked and with the global nutrition community.

We have a strong interest in maximizing the use and adaptation of our work and have found numerous examples that span sectors, users, and contexts. A few of these are noted below, with many more examples detailed in Annex 2. There is no doubt that we have provided the multi-sectoral nutrition community with evidence, tools, guidance, and reviews that can be easily adapted to or inform local contexts; we hope these resources will continue to be used in the years to come:

- The Food and Agriculture Organization in Kenya and Kenya's Ministry of Agriculture and Livestock Development used the nutrition-sensitive agriculture [design guide](#) to develop a training package on nutrition-sensitive agriculture and food systems programming.
- UNICEF has adopted multiple elements of the [Responsive Care and Early Learning Addendum](#) including counseling cards, key messages, training activities, and some supervision elements into the revision of the Community-Infant Young Child Feeding (C-IYCF) package.
- USAID Advancing Nutrition supported the development of planning and budgeting guidelines that nutrition-sensitive sectors, ministries, and offices in Tanzania are using planning and budgeting guidelines annually.
- Catholic Relief Services' Ifaa RFSA in Ethiopia utilized the Prioritizing Multi-Sectoral Nutrition Behaviors tool and the [SBC Competency Assessment: Tool for Resilience Food Security Activities](#) to identify priorities and plan capacity strengthening activities for their staff.
- Innovative Methods and Metrics for Agriculture and Nutrition Actions in the United Kingdom, used our [food environment monitoring and evaluation guidance and tool](#) to inform the development of their own methods, metrics, and tools.
- Based on learnings collected from the scale-up of small-quantity lipid-based nutrient supplement (SQ-LNS) programs, USAID BHA updated the International Food Relief Partner request for applications.
- UNICEF is integrating the Feeding and Disability Resource Bank into [Knowledge @ UNICEF](#) where the resources will continue to be updated to continue to help provide access to the latest tools and resources to improve nutritional care for children with feeding difficulties and children with disabilities.

Figure 3. Global Influence



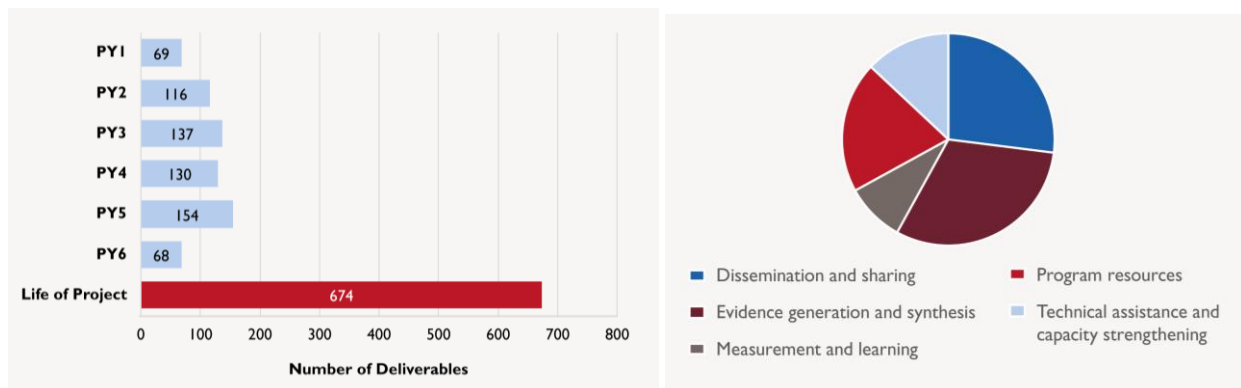
In this final report, we share key successes and challenges to implementation and comment on the sustainability of our activities, reporting, as appropriate, by each of USAID Advancing Nutrition's Intermediate Results (IR)s and sub-IRs. Finally, we summarize key evidence and other learning generated over the past five years, pointing to key thematic area accomplishments, and providing a list of all completed research activities, noting where our work has been or will be published.

Accomplishments

Over the past five years, USAID Advancing Nutrition completed a significant number of deliverables—674 through USAID’s global priorities and 110 through our country programs—comprising reports, briefs, and manuscripts/publications of our research, assessments, tools, and guidance. We provided technical assistance and collaborated with USAID-funded implementing partners, local and national governments, a range of public and private sector stakeholders, and USAID Missions to address local, national, and regional challenges to improving nutrition. At the same time, we provided USAID’s Bureaus for Global Health; Resilience, Environment, and Food Security; and Humanitarian Assistance with literature reviews, landscape analyses, and context assessments to help inform new directions, confirm important opportunities, or identify evidence gaps for multi-sectoral nutrition program approaches and research. We also facilitated both internal and external consultations with experts, key informants, and/or Mission staff to round out these reviews with current thinking, expertise, and experience.

Our many [research](#) activities resulted in the production of at least 45 manuscripts for peer-reviewed journals. We also mentored local partners in conducting research and trained staff and partners in writing manuscripts for publication in peer-reviewed journals in preparation for a collection with *Public Health Nutrition*. The [Nutrition Resource Hub](#) comprises over 660 resources curated from over 15 years of USAID nutrition investments, and users can also search resources and tools through their relevance and use across the [USAID Program Cycle](#).

Figure I. Global Deliverables Over the Life of the Project



A key contributor to our success included our matrixed structure for planning, implementing, and sharing our work. Four technical teams aligned with the four operating units/bureaus at USAID that supported our globally funded work: Our Nutrition and Health Systems team aligned with GH, Food Systems aligned with REFS, our Nutrition in Humanitarian Contexts team aligned with BHA, and the Early Childhood Development team led the work prioritized by the Center for Children in Adversity now located within the Bureau for Inclusive Growth, Partnerships, and Innovation. While technical staff co-created work plans and outputs across these teams, our cross-cutting teams brought best practices to all our work: Capacity Strengthening; Social and Behavior Change (SBC) and Gender; Monitoring, Evaluation, and Learning (MEL); and Knowledge Management (KM). They ensured support for multi-sectoral nutrition both within the project and across USAID operating units, including the 12 USAID country Missions or regional offices that bought into our contract mechanism: Burkina Faso, East Africa Region, Honduras, India, Kenya, Kyrgyz Republic, Mozambique, Niger, Nigeria, Tanzania, and Uganda.

USAID Advancing Nutrition’s work addressed both direct and underlying contributors to malnutrition as we collaborated with USAID to implement the *Multi-Sectoral Nutrition Strategy*. We have contributed significantly to research, implementation, and learning in several areas of work that are critical to sustaining impact for nutrition, including—

- mother and child-centered nutrition service delivery
- healthy diets
- nutrition governance
- social and behavior change
- localization
- nutrition in humanitarian contexts
- anemia and micronutrient malnutrition
- collaborating, convening, and sharing

For these thematic areas, USAID Advancing Nutrition contributed to better understanding of **what** is needed for successful design, implementation, or measurement and based on activities in one or more of our 12 countries and **how** the range of multi-disciplinary, public, private, and research sector stakeholders might best contribute to this success. Summaries of why these areas of work are critical, what USAID Advancing Nutrition contributed, and how USAID and the global nutrition community might continue to apply and adapt our work while filling knowledge gaps follow.

Our Contributions to Critical Areas for Nutrition Implementation

Healthy Diets



The food system comprises the interrelated parts of a food’s journey from production to plate. Strong local, regional, and international food systems play a critical role in supporting diet and nutrition outcomes. USAID Advancing Nutrition has developed a set of tools and other resources spanning the entire food system—from food supply, through the food environment, to food and water utilization—that helps USAID and partners apply a food systems approach when programming. We highlight three such

tools below, addressing key areas of the food system where little guidance exists to date:

- **The [Large-Scale Food Fortification \(LSFF\) Methodology Series](#)** helps governments and user collaboratives to undertake an evidence-based needs assessment to inform design of large-scale food fortification—and other programmatic—solutions for improving diets. The Operational Overview describes the steps to identify and use existing data to conduct an assessment that informs the design or redesign of LSFF programs as well as broader programming to improve diets. The Methods Guide provides detailed instructions on how to conduct the analyses for the needs assessment and design. Case studies from Nigeria and Zambia provide examples of results of the needs assessment and design analyses and their interpretation and application for LSFF decision-making.
- **The [food environment assessment package](#)** comprises seven food environment assessment tools and aims to help global development partners in low- and middle-income countries (LMICs) to collect data that assesses the food environment dimensions of food availability, food prices, vendor and product properties, marketing and regulation, accessibility, affordability, and desirability. Findings from Liberia, Honduras, Nigeria, and Timor-Leste helped refine it for use by practitioners to inform the design and implementation of market-based interventions to support healthy diets.
- **The [Generating Demand for Healthy Diets: Social Marketing Guide](#)** supports nutrition program planners by defining, describing, and explaining the process of developing high-quality programs to market healthy diets. The guide enables teams to make informed marketing decisions, create strong marketing campaigns, and diagnose and solve marketing challenges.

We also invested in [measuring diet quality](#), including [several studies](#) that collected data in [Cameroon](#), [Tanzania](#), [Cambodia](#), and [Zambia](#), and used secondary data from several other countries. The evidence we produced informs decisions about nutrition program design in humanitarian contexts, methods for collecting data to measure minimum dietary diversity (MDD) for children, and [using household consumption and expenditure survey \(HCES\) datasets](#) to analyze diet quality.

In addition to the specific resources highlighted above, USAID Advancing Nutrition produced briefs, concept notes, reports, and other tools addressing other food systems topics. For example, the [Diet Assessment Decision Tool](#) helps practitioners understand dietary patterns and can support design, monitoring, and evaluation efforts to improve diets. We produced multiple briefs to summarize the state of evidence on a topic, including [Working within the Food System, and Gender Considerations for Achieving Improved Diets](#). The executive summary of the [Women's Diets Learning Agenda](#) captures learning across dozens of activities.

Many food systems topics require further exploration, building on work we started, such as research on diet quality measurement, optimizing use of local foods to improve diets of young children, the landscape analysis and four-country survey of opportunities for better linking climate change adaptation and nutrition, and the many ways that the nutrition community can and should engage the private sector to improve food systems for healthy diets.

Mother and Child-Centered Nutrition Service Delivery



Providing quality care to mothers and children requires adapting holistic services for their needs, concerns, resources, and constraints. USAID Advancing Nutrition collaborated with key partners at the global and country level to better integrate nurturing care components—including nutrition, responsive care, and early learning—into existing mother and child services to improve the quality of nutrition services within health systems and better tailor those services. This has included research, technical assistance, and implementation across a host of activities. We highlight five such areas below:

- **Adolescent and maternal nutrition:** We developed the [Strengthening Maternal Nutrition in Health Programs: A Guide for Practitioners](#) to provide guidance on how to integrate maternal nutrition interventions in the planning and design of health programs. We also created an [Adolescent Nutrition Resource Bank](#) to facilitate and increase access to programmatic resources related to adolescent nutrition.
- **Infant and young child feeding (IYCF):** USAID Advancing Nutrition conducted a significant body of work around the Baby-Friendly Hospital Initiative (BFHI). We developed implementation guidance for a [breastfeeding counseling mentorship program](#) in Kenya to improve breastfeeding counseling competencies among health workers and published [qualitative case studies of two countries](#)—the Kyrgyz Republic and Malawi—to describe the implementation of the national responsibilities for BFHI. We also created the [Design Innovations Resource Collection for IYCF](#) to bring in newer approaches to design local solutions to better achieve social and behavior change. Some of our work to improve complementary feeding in humanitarian and development settings through partners included—
 - SBC to strengthen complementary feeding programming (workbook, virtual interactive workshop series, measuring what it takes to provide care, social norms on complementary feeding)
 - sick child feeding solutions for facilities and communities through behavioral design approach in the Democratic Republic of Congo with Breakthrough ACTION

— Nourishing Connections, human-centered design job aids for complementary feeding counseling by community health workers in Nigeria with Breakthrough ACTION.

- **Responsive care and early learning (RCEL):** We developed the [Responsive Care and Early Learning Addendum](#) package, which includes a set of seven counseling cards that complement IYCF counseling, including opportunities to care for the caregiver and address the needs of children with feeding difficulties. Implementation of the *RCEL Addendum* in Ghana and the Kyrgyz Republic demonstrated that it was feasible, acceptable, and effective to integrate RCEL counseling with IYCF counseling. This integration did not appear to disrupt nutrition service delivery or have a negative impact on complementary feeding outcomes, but rather suggests synergistic benefits. We also created [a series of videos](#) to demonstrate, explain, and promote positive responsive care practices and counseling skills for health workers that complements the *RCEL Addendum* package.
- **Nutritional care for children with feeding difficulties and disabilities:** We conducted a [mixed-methods scoping review](#) to understand the needs of children with feeding difficulties and children with disabilities. We issued a [call to action](#) for policymakers sharing key information and actionable recommendations to improve nutrition among children with feeding difficulties and disabilities. We developed a [Feeding and Disability Resource Bank](#) with over 85 toolkits, guidance documents, training materials, and more to support feeding difficulties and disability inclusion in nutrition programs.
- **Growth monitoring and promotion (GMP):** Case studies that examined the implementation of growth monitoring and promotion in two different contexts ([Ghana](#) and [Nepal](#)) noted a need to improve both service delivery and demand for services. Through this learning, we created a flowchart to improve service delivery in Ghana, which also incorporated RCEL, and collaborated to develop a [learning agenda](#) to understand how to improve counseling, create a supportive community environment, and track and monitor counseling.

Localization



Strengthening nutrition outcomes requires strong country commitment and capacity. USAID Advancing Nutrition has supported localization through support to local leadership, strengthening systems, and technical assistance to key stakeholders. We identified the actors well-positioned to support change and the knowledge and skills needed to lead and deliver services at the regional and country level. In all our work, we used a strengths-based approach, building on what exists and amplifying results.

For example, building on expertise in the region, we facilitated the establishment of a platform for learning and exchange, Learning Network on Nutrition Surveillance (LeNNS), which brings together regional policy makers, researchers, and implementers to learn from each other. We worked hand-in-hand with the Intergovernmental Authority on Development (IGAD) to conceptualize, design, launch, and implement the network, tailoring it to regional needs and ensuring key relationships stay in the region after USAID Advancing Nutrition ends.

Local leadership and strengthening local institutions was a key part of our country buy-ins, which supported government, research institutions, and nutrition coordination mechanisms to improve local leadership and nutrition governance. In Mozambique and the Kyrgyz Republic, we used coaching and mentorship to strengthen leadership skills and organizational development for and with key nutrition partners; in Nigeria, we supported the State Committees for Food and Nutrition in setting operating standards and improving coordination; in [Tanzania](#), we supported skills strengthening with the Tanzania Food and Nutrition Centre (TFNC) in designing, implementing, analyzing data, and reporting. Our localization work also helped strengthen systems at the national and sub-national levels in Kenya. USAID Advancing Nutrition designed inception and culmination workshops with the BHA-funded Nawiri

activity, a Resilience Food Security Activity designed to place national and country governments at the center of the Nawiri activity, ensuring that every step of implementation is based in joint-decision making. We collaboratively developed an [evidence-based framework](#) to understand the drivers of persistent acute malnutrition in the arid and semi-arid lands.

Finally, our New Partnerships Initiative grant program engaged four implementing partners in Kenya and Burkina Faso to strengthen skills in resource mobilization, strategic planning, and knowledge management. Our technical assistance helped partners clarify goals for organizational growth and build on existing experience to accelerate progress.

We also designed several activities to support USAID, implementing partners, and others in their work supporting localization. We developed and implemented a learning agenda designed to provide recommendations for working with local organizations, based on our NPI and country programs work. Lastly, two partners used our competency lists for [program staff](#) and [community health workers](#) to guide skills development in SBC, and two Resilience Food Security Activities (RFSA) tested our [competency assessment tool](#).

To meet USAID’s localization goals in the coming decade, sustained attention to organizational development for national and community-level organizations will be critical. To maximize effectiveness, these programs need to include both technical and operational support and span 3–5 years. Existing national and subnational coordination structures are critical for successful nutrition programming and support for setting up and leading these mechanisms is important for greater localization within nutrition programming.

Nutrition Governance



Effective nutrition governance ensures accountability, commitment, and leadership across all sectors and levels of government; facilitates coordination across sectors; and contributes to a strong enabling environment. At the global level, the project developed guidance on [measuring and monitoring multi-sectoral nutrition collaboration](#) and on [transitioning nutrition financing from USAID to domestic resources](#). We supported nutrition governance-related work through 10 country programs (Burkina Faso, Ghana, Honduras, India, Kenya, Kyrgyz Republic, Mozambique, Nigeria, Tanzania, and Uganda).

Our goals and approach varied significantly based on country priorities and included providing technical assistance, supporting capacity strengthening, and acting as a convener and facilitator. Examples of our country work include—

- **Policy development and adoption:** In Tanzania, we assisted the Prime Minister’s Office and the Tanzania Food and Nutrition Centre in developing the [second National Multi-Sectoral Nutrition Action Plan \(NMNAP II\)](#). In Nigeria, we supported five states¹ to develop their own state-level food and nutrition policies in alignment with the *National Multi-Sectoral Plan of Action for Food and Nutrition 2021–2025*.
- **Planning, budgeting, and financing:** In Ghana, we worked with the National Development Planning Commission to prepare guidelines for districts on integrating food and nutrition into their medium-term development plans and a [review](#) following our support showed increased food and nutrition integration. In Tanzania, we assisted the Prime Minister’s Office and the Tanzania Food and Nutrition Centre in developing the [Resource Mobilization Strategy](#) and the *Planning and Budgeting Guidelines for Nutrition-Sensitive Sectors* and documented our process through a [brief](#). We also facilitated local development of sustainable financing frameworks in Ghana and Malawi.

¹ Kebbi, Sokoto, Ebonyi, Bauchi, and Federal Capital Territory

- **Coordination and collaboration:** In Burkina Faso, Ghana, Honduras, Kenya, and Nigeria, we supported the establishment, convening, and/or strengthening of national and sub-national level multi-sectoral coordination platforms. In Burkina Faso and Uganda, we supported national working groups for food fortification.
- **Data use for accountability:** In Burkina Faso, we developed a Microsoft Excel-based [dashboard to track key multi-sectoral nutrition indicators](#) and measure progress on the *Multi-Sectoral Nutrition Strategic Plan 2020–2024*. In Kenya, we used available data to develop two advocacy tools—policy briefs for [Kakamega](#), [Kisumu](#), and [Kitui](#) Counties on the cost of malnutrition. We also worked with these three county governments to develop two nutrition accountability tools—a multi-sectoral nutrition [financial tracking tool](#) and the multi-sectoral nutrition scorecard. We also [supported the Scaling Up Nutrition \(SUN\) Donor Network](#) to assist members in applying the nutrition policy marker.

To support actors seeking to strengthen nutrition governance in their countries of operation, the project developed a [Multi-Sectoral Nutrition Governance Resource Bank](#). It presents resources produced by USAID Advancing Nutrition and other actors to support programming related to planning, budgeting, coordination, collaboration, communication, data use, and more.

Nutrition in Humanitarian Contexts



The combination of conflict, climate change, and disasters is increasingly making countries more fragile to and at risk for protracted crises, significantly exacerbating undernutrition in women, adolescent girls, and children. Fragile contexts can encompass both emergency and non-emergency programs. USAID Advancing Nutrition provided technical assistance to help strengthen the quality of USAID-funded Resilience Food Security Activities that address the immediate, underlying, and root causes of malnutrition and food insecurity in non-emergency fragile contexts and

contributed to updated guidance for nutrition programming in emergency contexts.

In non-emergency contexts, USAID Advancing Nutrition developed resources, guides, and tools to support quality nutrition program implementation. This included a focus on improving the quality of SBC across sectors culminating in a handbook for RFSAs in the refinement period and integrating nurturing care within IYCF programming with practical guidance on how to layer and sequence activities by the [ages and stages of children under age two](#). We have also developed a guide to optimize diets by using local foods, focused on complementary feeding, to support RSFA implementing partners (IPs) in transitioning from food assistance resource transfers to local alternatives to ensure sustainability.

In emergency contexts, we supported BHA to understand challenges to programming resource transfers for nutrition and strengthening programming. This focused on—

- understanding last-mile delivery [supply chain challenges](#) for ready-to-use therapeutic food in the Democratic Republic of Congo
- [managing](#) moderate acute malnutrition using local foods
- [programming](#) small quantity lipid-based nutrient supplements (SQ-LNS) in emergency contexts
- [strengthening complementary feeding programming](#) in emergencies
- understanding how nutrition is integrated with [cash and voucher programming](#).

In non-emergency contexts, continued efforts are needed to protect and improve nutrition outcomes in fragile contexts and prevent further deterioration. Challenges remain to [streamline, contextualize, prioritize](#), and focus nutrition programming to key moments during the first 1,000 days, and strengthen

the quality and intensity of nutrition service delivery. In emergency contexts, there is a rapid shift underway to unconditional and unrestricted cash transfers as a main modality to support families, but this shift may significantly undermine opportunities to better integrate quality nutrition programming to protect and improve nutrition outcomes in emergency contexts.

Social and Behavior Change



Social and behavior change (SBC) is a foundational component of effective, sustained nutrition programs, policies, and services. Whether the aim is to improve the nutritional status of women and children; increase access to safe, affordable, and nutritious foods; or foster more resilient communities, what people do is at the heart of the solution. Guided by a review of needs with three USAID bureaus in the first year of the project, we worked to develop and test a suite of evidence-based tools to support USAID partners to align programs and services to provide [quality nutrition](#)

[SBC](#). These tools help partners to define, assess, and strengthen capacity of staff and frontline workers; respond to [social norms](#) that influence nutrition behaviors; and [collect and use behavioral data](#) for better program evaluations. This [visual workflow](#) enables nutrition practitioners to easily find a tool for each step of the project cycle. We also prepared guides that walk program planners through the full process focused on two nutrition issues that need greater attention: a [workbook on complementary feeding](#) and a [guide for marketing healthy diets](#). We supported country programs in [Kyrgyz Republic](#), Honduras, [India](#), and [Niger](#) to apply a quality SBC process through formative research based on prioritized behaviors and evidence-based [SBC strategies](#) which guided activities to facilitate social and behavior change with our activities and partners.

The project also collaborated with Breakthrough ACTION, the USAID flagship SBC project. The experiences culminated in a [series of courses](#) for practitioners on each approach: human-centered design, behavioral design, and advanced audience segmentation.

USAID Advancing Nutrition also continued to expand the [Infant and Young Child Feeding Image Bank](#), a collection of nearly 1,500 images from 20 contexts used by organizations in more than 70 countries; UNICEF will now maintain it.

Recognizing the multi-dimensional influence of gender on nutrition, we developed [a gender equality strategy](#) and implemented it across the project through global and country activities, leading to a comprehensive gender integration [guide](#). To both support caregivers and help nutrition programs engage other family members for needed support, we developed a toolkit of [measures of what it takes to provide nurturing care](#) and established a [community of practice](#) for family engagement, which will continue beyond the project thanks to the University of North Carolina, Chapel Hill.

Going forward, the global nutrition SBC community can intentionally apply newer approaches from the private sector and other fields. Continued support to program planners and practitioners to apply systematic processes for designing, implementing, and measuring nutrition-related behaviors and social norm change is needed, along with greater use of monitoring and [evaluation for SBC decision-making](#) and scale-up of nutrition [SBC innovations](#).

Anemia and Micronutrient Malnutrition

Micronutrient malnutrition remains an often overlooked yet important public health issue, contributing to anemia, neural tube defects, and other adverse health outcomes. Unfortunately, data to understand global trends in micronutrient deficiencies are lacking. Even though practitioners widely used a previous estimate of “two billion people” experiencing micronutrient deficiencies, its origin and methodology were not well documented. We worked closely with an advisory panel convened by the Micronutrient Forum and our partner, the Global Alliance for Improved Nutrition, to produce a revised estimate, published in the [Lancet Global Health](#). We now understand that 1.4 million women of reproductive age



and preschool aged children experience deficiency of at least one micronutrient; more importantly, a transparent methodology exists to update the estimate in the future.

Building on the Anemia Task Force (ATF) established under the SPRING project, USAID Advancing Nutrition continued to coordinate a high-level team of experts through three working groups—Biology, Assessment, and Interventions—to advise USAID on how to improve anemia programming. Their contributions are documented in a four-paper supplement in the *Journal of Nutrition*. Providing a [new framework for understanding anemia](#), the ATF emphasized the need to understand the [biology of anemia](#), [assess its etiology](#) in each context—considering both nutritional and non-nutritional causes—and design [interventions](#) that respond to location-specific causes of anemia. [Five anemia briefs](#) condense some of these insights and an online [Anemia Toolkit](#) provides a curated repository of anemia-related resources for donors, government agencies, implementing partners, researchers, and others. WHO cited in its *Comprehensive Framework for Action on Anemia*.

One key issue we aimed to shed light on is how to measure the prevalence of anemia. Nationally representative surveys on the same populations at similar points in time have produced quite different estimates. To understand this better, we developed the [Hemoglobin Measurement Laboratory Protocol for Measurement of Hemoglobin in Population Surveys](#). Implemented in six countries, this study found that venous blood, compared to single-drop capillary or pooled capillary blood, regardless of the method used to assess hemoglobin, results in the most precise measures of hemoglobin, while the 201+ HemoCue model (vs. the 301 or 801 models), produces the most accurate hemoglobin measurement.

In both Uganda and Honduras, we strengthened the enabling environment for food fortification policy and sought to understand and reinforce regulatory monitoring efforts to ensure the quality of fortified foods. In the Kyrgyz Republic, we facilitated the revision of the national protocol and guidelines for the prevention and treatment of anemia.

Collaborating, Convening, and Sharing



Over our five years of implementation, we compiled existing nutrition resources to better facilitate learning and sharing while also developing the evidence base across a range of topics. This work emphasized the importance of bringing key stakeholders together to not only share but debate and learn from each other to strengthen evidence; inform better practice; and advocate for changes in policies, programs, and strategies. In addition to conducting critical nutrition implementation research, we also undertook a number of consultations designed to foster action:

- As the secretariat manager for the **Global Nutrition Coordination Plan (GNCP)**, we helped to set the stage for future U.S. Government investments in nutrition through the development of GNCP 2.0.
- In 2020, we held two **Multi-Sectoral Nutrition Global Learning and Evidence Exchanges** for USAID Missions in Africa and Latin America and the Caribbean and Asia. These two events shared key findings around diet quality, wasting, and anemia, reinforcing the importance of strong coordination and investment in strengthening nutrition expertise in target countries.
- Following a landscape analysis of **nutrition content in pre-service curriculum** in PY4, we convened a group of stakeholders to explore challenges and opportunities for strengthening this content in six countries. The resulting [call to action](#) encouraged stakeholder collaboration; alignment of policies, training, and job descriptions; curriculum reviews; performance monitoring; and leveraging existing learning.

- In collaboration with UNICEF, we hosted a two-day consultation on [feeding difficulties and disabilities](#) with the aim of discussing opportunities to improve nutritional care and priorities for future research and learning.
- Equipped with insights from a two-country case study in Nepal and Northern Ghana on how health workers implement GMP services, we hosted a 2022 [expert consultation to identify continuing challenges in implementing GMP](#). Given the need to strengthen promotion, we conducted a desk review on counseling to guide future programming and policies that highlighted the importance of supporting health workers adequately, developing job aids that meet caregivers where they are and integrating care and feeding-related topics, mobilizing family support, and tracking counseling quality.

A key area of focus designed to catalyze action using a multi-year collaborative approach was how to improve women’s diets. The [Women’s Diets Learning Agenda](#) documents global learning, evidence, and innovative practices, with a focus on pregnant and lactating women. We synthesized learning across over 50 activities related to women’s diets from 2018–2023 through 12 learning questions across five areas of inquiry—improving women’s diets through market food environments, demand creation, family diets, counseling and other health service delivery, and policies and policy implementation. Each year, a project working group tracked learning for relevant activities, reviewed project documents, and interviewed country staff to document and synthesize learning. We also held a convening with USAID in 2023 to review learning and discuss future learning priorities.

IR 1: Equitable provision and utilization of proven, quality nutrition interventions and services at scale

IR 1.1 Program strengthening and scale-up of nutrition-specific interventions supported

USAID Advancing Nutrition made important strides in strengthening the quality of nutrition and nurturing care services at the community and facility level while also influencing national policies and the global dialogue. Guided by our *Maternal, Infant, and Young Child Nutrition Strategic Planning Document*, we conducted research and supported the development of practical guidance, tools, and materials focused on holistic care for mothers and children, with a focus on counseling. Our research produced manuscripts on growth monitoring and promotion (GMP), community-level counseling on sick child feeding, the integration of responsive care and early learning in nutrition programs, and nutritional care for children with feeding difficulties and disabilities. We produced guidance on [key considerations for conducting nutrition formative research with adolescents](#), [integrating maternal nutrition into health services](#), and [developing digital applications for GMP](#). The project also developed [tools and training materials](#) for integrating responsive care and learning into nutrition counseling, and resources for those seeking to strengthen disability inclusion in nutrition programs and to strengthen adolescent nutrition programming.

IR 1.2: Program integration and scale-up of nutrition-sensitive interventions supported

Over the past five years, USAID Advancing Nutrition completed the development of guidance and tools to support USAID and its partners to improve diets and nutrition through food systems. Practical and action-oriented, these resources support the design, implementation, monitoring, and evaluation of interventions across food systems to improve diets and nutrition, including—

- applying the [REFS Food Systems Conceptual Framework](#) to programs and portfolios
- [measuring consumer demand](#)

- strengthening [food processing](#) in activities to improve diets
- [engaging youth](#) in food systems
- supporting [diet assessment tool](#) selection.

Our team achievements include multiple multi-year efforts testing guidance and tools to ensure that final products include lessons learned from applications with intended users. The final products represent years of exploration, testing, and refining and where possible, point to where additional exploration may be needed.

IR 1.3: Improved social and behavior change strategies and approaches applied

The cross-cutting social and behavior change (SBC) team supported the project’s technical and country teams, and USAID implementing partners, to apply [high-quality SBC approaches](#) through tools and resources generated over the life of the project. In close collaboration with three USAID bureaus, the project built on decades of USAID investments in SBC best practice to reinforce the basics by adapting resources for nutrition where needed and package them in user-friendly tools and resources tailored to specific times in the project lifecycle for nutrition program implementers and researchers. Work specific to BHA-funded RFSA to help partners align with SBC best practice is noted below in 2.5.

We also applied newer approaches to nutrition SBC with technical assistance from the Passages project related to [social norms](#) and in collaboration with Breakthrough ACTION. Breakthrough ACTION brought expertise in behavioral design, human-centered design, and [advanced audience segmentation](#) to nutrition challenges, leading to adaptable solutions to sticky issues in nutrition from sick child feeding to community health worker counseling to tailoring promotion on women’s dietary diversity. From this work, we prepared a resource collection and multiple guides for nutrition SBC practitioners to [accelerate impact](#).

IR 2: Country commitment and capacity for multi-sectoral nutrition programming strengthened

IR 2.1: Professional human resources and institutional capacity increased

Over the course of the project, we engaged in multi-year activities to strengthen health worker competencies through mentorship and pre-service training. We [developed](#) and tested a four-month facility based mentorship program to strengthen health worker capacity on breastfeeding counseling. We produced and pilot tested program implementation guidance for the mentorship program, which builds on the BFHI maternity training. In addition, we developed training for mentors. We designed the materials in this package jointly with the Kenya Ministry of Health; these critical tools will support scale up in Kenya and implementers can adapt them for other countries. MOMENTUM Country and Global Leadership will continue this activity after USAID Advancing Nutrition closes, finalizing a manuscript that describes the feasibility and lessons learned from the program.

We also completed a body of work focused on strengthening nutrition components of pre-service training, which includes a [call-to-action](#) for how funders, development partners, and country governments can effectively integrate nutrition into pre-service training for critical cadres.

In addition, we produced a pre-service training assessment [tool and guidance](#), which builds from a [landscape analysis](#) of pre-service training in five countries (Bangladesh, Democratic Republic of the Congo, Ghana, the Kyrgyz Republic, and Malawi).

IR 2.2: Political will, resources, policy implementation, and accountability for nutrition programs increased

USAID Advancing Nutrition's work addressed different aspects of the drivers and barriers to increased political will to advance policy to implementation and increase accountability for nutrition. These barriers include, among others, limited access to nutrition information or expertise, as well as a lack of guidance or tools around financial accountability for donors and host governments. Since the first year of the project, our work plans included USAID support for the production of the *Global Nutrition Report* to ensure the publication and availability of timely and credible updates on nutrition for advocates and decision-makers. USAID Advancing Nutrition also worked closely with the Scaling Up Nutrition (SUN) initiative to support testing the application of donor-facing nutrition policy metrics to advance the discussion around accountability among SUN Donor Network participants. In alignment with WHO-led shifts in the Baby-Friendly Hospital Initiative to emphasize the critical responsibilities of the broader public health system, the project studied BFHI implementation experiences in Malawi and the Kyrgyz Republic. These case studies ultimately led to the publication of three manuscripts in peer-reviewed journals, to inform the discourse and future support to governments as they respond to the expectations around government accountabilities in support of BFHI in their contexts for the adoption of the 10 BFHI steps at facility level.

An important marker for political commitment for nutrition is the allocation and utilization of financial resources. Domestic resource mobilization for nutrition can be a critical gap, even in countries with robust multi-sectoral nutrition strategies and plans. In some contexts, funding does not materialize, or donors provide it while domestic resources support other priorities. The project has worked on [sustainable financing for nutrition](#) since its first year, moving from concepts and guidance in resource mobilization and financial tracking to country-specific frameworks developed with government partners for action. The country-specific work then informed the development of a generic package that users can adapt to other contexts with assistance from SUN in the future.

IR 2.3: Civil society, private sector, and multi-stakeholder engagement and coordination around nutrition goals strengthened

Given our project's considerable emphasis on developing technical guidance, program resources, and tools for the nutrition community and implementing partners, it was critical to stay engaged with the various nutrition technical fora and communities of practice that would inform and be informed by our work. We selected dozens of such groups and platforms for engagement (e.g., the Micronutrient Forum, the Global Breastfeeding Collective, CORE Group, the Child Health Task Force, the Emergency Nutrition Network). Participation in these groups gave the project opportunities to influence and inform global nutrition discussions and initiatives. These groups ranged from those very well established to those supported by the project, to engage stakeholders on specific nutrition issues and provide technical and human resources. These include a community of practice formed to support nutrition-sensitive agriculture design guide trainees, as well as the Learning Network on Nutrition Surveillance in East Africa. Multi-stakeholder engagement was a key feature of USAID Advancing Nutrition at global and country level that technical webinars and social media engagement reinforced. Our quarterly and annual reports include lists of selected nutrition communities of practice and technical working groups prioritized for project engagement and participation.

IR 2.4: Information, monitoring, and evaluation systems capacity strengthened

We provided monitoring and evaluation (M&E) training and support to the New Partnerships Initiative partners. We created an online repository of M&E courses for nutrition programs which thousands of users have accessed. In addition, we completed many research activities, including case studies, literature reviews, quantitative studies with population-based surveys, qualitative studies, and implementation research employing mixed methods. Our review of the use of stunting as an indicator and companion

piece suggested alternative indicators for measuring children’s nutritional status. We also mentored local partners in conducting research and trained staff and partners in writing manuscripts for publication in peer-reviewed journals. We supported staff from the Tanzania Food and Nutrition Centre to attend the International Congress of Nutrition and Micronutrient Forum Global Conference to present our joint work. Overall, we produced more than 45 manuscripts for publication in peer-reviewed journals. Some highlights include—

- Two studies modeling the potential contributions of large-scale food fortification to increasing micronutrient intake in [Malawi](#) and Tanzania using data from household consumption and expenditure surveys, demonstrating the utility of HCES datasets for that purpose.
- Diet quality measurement among populations in South Sudan and Cameroon demonstrated the association of social support with diet quality. We also conducted a study of MDD measurement comparing two commonly used methods to determine the cost accuracy of the methods.
- We established a collection of USAID Advancing Nutrition publications in *Public Health Nutrition*, which, when complete, will include about 15 articles.

IR 2.5: Planning, assessment, design, and guidance for programs and strategies supported

We had an abundance of work under this sub-IR, perhaps more than any other area of our Results Framework over the life of the project, including a significant amount of BHA-funded work addressing nutrition in humanitarian contexts, cross-funded work to strengthen partner capacity, as well as Mission buy-in-funded scoping reviews and project design work for country programs.

We provided technical assistance to BHA and both its emergency and non-emergency implementing partners. With non-emergency implementing partners, our technical assistance focused on strengthening the quality of BHA-funded RFSAs. For emergency contexts, we contributed to updating guidance for nutrition programming in emergencies, including implementation research on [wasting management and prevention](#), programming considerations around use of [SQ-LNS](#), strengthening [complementary feeding](#) in emergencies, guidance in selecting food assistance interventions through the [Modality Decision Tool \(which BHA has adopted into its emergency guidelines\)](#), and considerations around agricultural interventions in [protracted emergency settings](#). With RFSAs implementing partners (IPs), the focus of our technical assistance (TA) has been on strengthening nutrition program design and social and behavior change particularly during the Refinement phase of RFSAs awards. In response to TA requests from IPs, we developed tools, guides, and resource materials focused on using local foods to optimize diets of women and children, integration of early childhood development (ECD) into IYCF programming, safe and effective [engagement of men](#) in maternal, infant, and young child nutrition (MIYCN) programs, and sustainability of care groups. To help partners align with SBC best practice, we also worked with BHA to support RFSAs operationalize BHA’s SBC parameters which outlines seven key milestones during the refinement period. With BHA, we prepared an SBC design handbook that pulls together resources and examples for each SBC milestone, and a technical note on designing actionable formative research in the refinement period.

We conducted a number of capacity strengthening activities focused on strengthening the competencies of local partners, USAID staff, and IPs. We implemented USAID’s first ever NPI grant program for nutrition, working closely alongside four local organizations delivering nutrition programming in Kenya and Burkina Faso. Additionally, we developed a learning agenda on working with local partners, which synthesized recommendations for USAID and IPs conducting local capacity strengthening with nongovernmental organizations (NGOs) and other local civil society organizations. Additionally, we developed and tested two SBC competency lists (one for [program staff](#) and one for [community health workers](#)). We developed a course in nutrition-sensitive agriculture for USAID staff, which we then

spun-off into a USAID Nutrition Fundamentals course on programming and funding. We updated our [nutrition-sensitive agriculture design guide](#) and conducted two training of trainers events. Finally, we completed a [series of three briefs](#) exploring measurement of capacity strengthening.

IR 3: Global learning, evidence, and innovative practices generated and applied to nutrition programs

IR 3.1: Innovative practice and technologies tested and adopted across multiple sectors

Many innovations tested and applied on USAID Advancing Nutrition fit more aptly under other sections of the project's results framework. The project had one activity that fell under sub-IR 3.1, a research study conducted at the request of BHA on [agricultural interventions in emergency contexts](#) to improve nutrition outcomes. Nested within humanitarian programs in Cameroon and South Sudan, the research could inform guidance around this kind of work for future humanitarian funding applicants. There is a place for nutrition-sensitive agriculture programming in certain types of humanitarian contexts to improve dietary diversity among women, but context and other critical design considerations are important.

IR 3.2: Service delivery systems and scale-up strengthened through implementation research

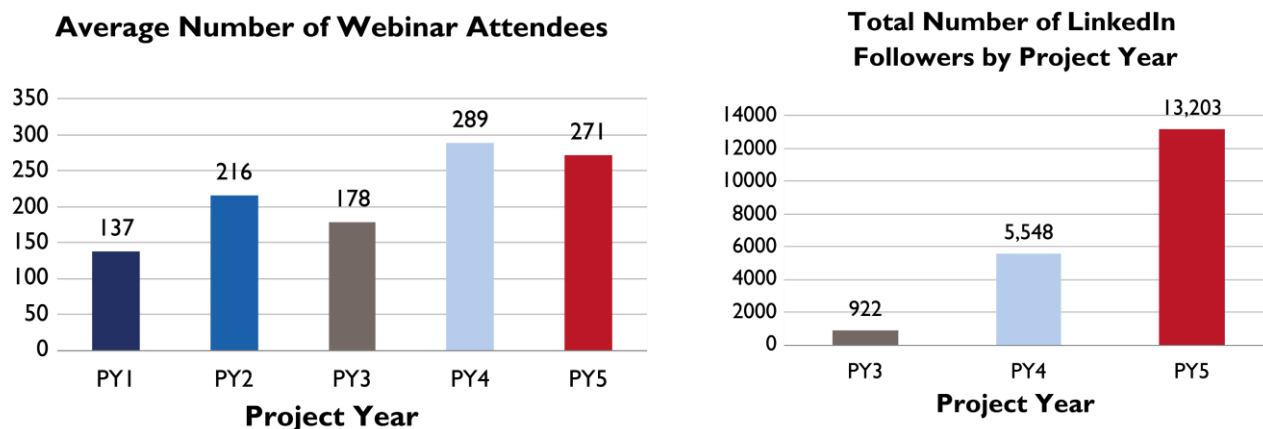
Our main activities under this sub-IR comprised implementation research for integration of RCEL to improve ECD with a [nutrition program in Mozambique](#) and support to the Tanzania Food and Nutrition Centre (TFNC). In Mozambique, we completed implementation research with a mixed methods approach and submitted a manuscript for publication. We found some improvement in ECD-supportive caregiving practices with no detriment to nutrition outcomes and documented measurement challenges with assessing the impact of an ECD intervention, such as child aging and natural development. In Tanzania, we supported TFNC for four years. We helped them design a study of food intake in Mbeya Province and a country-wide [qualitative study](#) of food preferences and taboos. We advised on data collection and supported data analysis and reporting. We also engaged local staff to provide in-person support to these efforts and provided three trainings on quantitative data analysis. We also coordinated support to TFNC among donors including the U.S. Centers for Disease Control and UNICEF. Finally, we supported TFNC staff to present our work at the International Congress of Nutrition and Micronutrient Forum Global Conference.

IR 3.3: Knowledge management and transfer expanded and use of evidence for nutrition policies, programs, and systems increased

Through USAID Advancing Nutrition, USAID elevated multi-sectoral nutrition programming around the world, developing a robust knowledge management platform that hosts more than 660 nutrition-related resources from USAID and global nutrition partners. This includes 14 tailored web-based tools focused on filling gaps in the knowledge base around key topics areas including disability and feeding difficulty, adolescent nutrition, anemia, diet quality measurement, and infant and young child feeding. [Our website](#) helps tell the project's story through our technical teams' work, or focus areas, as well as the impact of each one of our 12 country programs so future nutrition implementers can build on our work and learn from our experience. Over the life of the project, we have written blogs and developed videos to simplify complex nutrition topics that have been shared on a variety of platforms, from partner websites to USAID's Medium blog, and our social media platforms. LinkedIn grew exponentially over the life of the project, as shown in the graph below. We convened the global nutrition community through virtual and in-person events, hosting 50 public-facing virtual events with an average 240 attendees across all events. We also leveraged global conferences to help establish USAID as a leader in multi-sectoral nutrition programming with a significant presence at all major global nutrition-related conferences in the

last year of the project. We strengthened knowledge management for the U.S. Global Nutrition Coordination Plan, supporting not only internal knowledge-sharing initiatives, but also sharing the U.S. Government’s whole-of-government effort with a global audience.

Figure 4. LinkedIn and Webinar Engagement



Global Influence

Around the world, USAID Advancing Nutrition products have disseminated evidence; shared learning; and helped governments and organizations strengthen provider training, policies, and programs. We describe some examples below and include a longer list in annex 2.

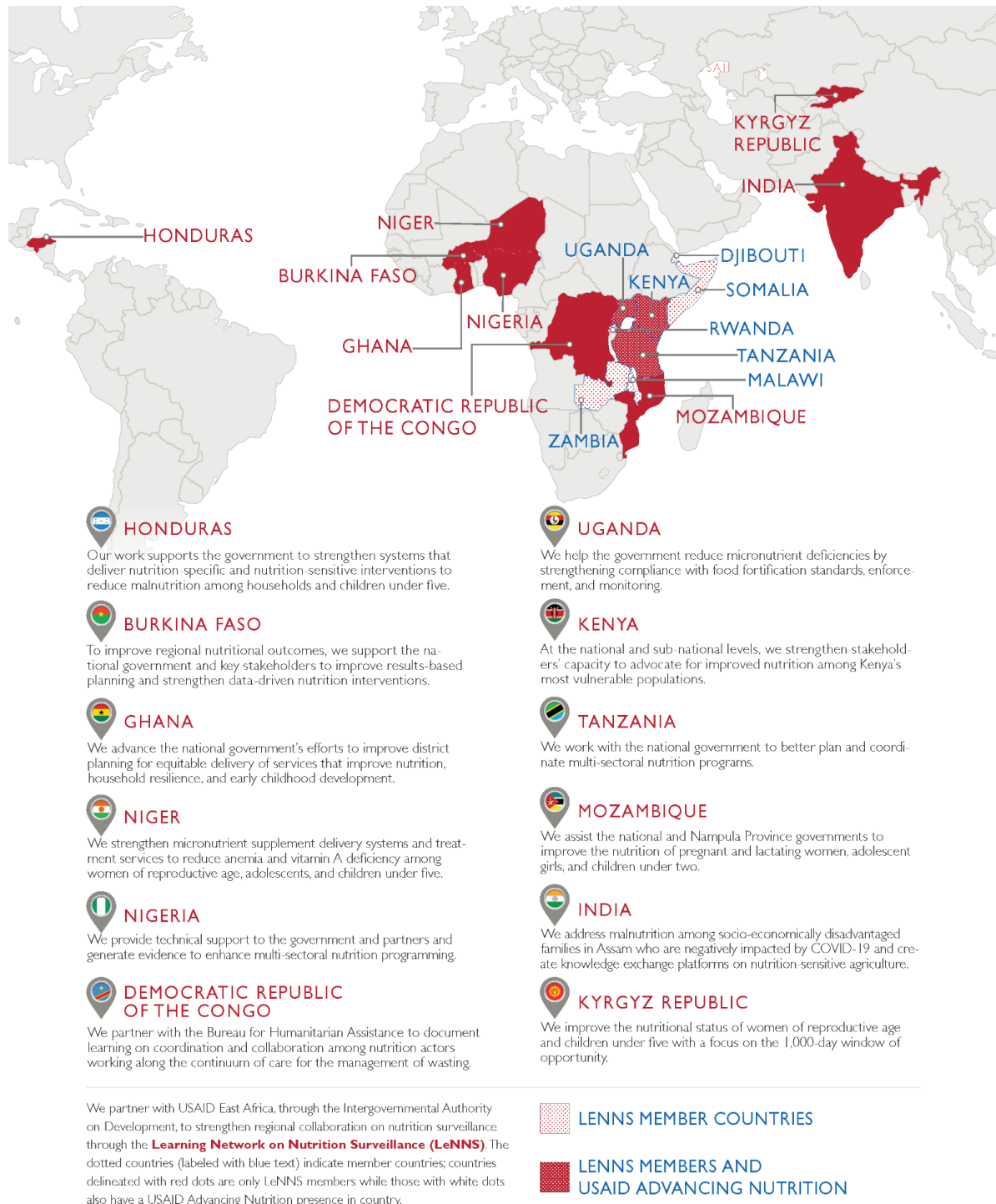
Images from our IYCF Image Bank appear on counseling cards, briefs, and presentations in Denmark, Canada, Kenya, Pakistan, Nigeria, India, Senegal, Laos, South Africa, Vietnam, and other countries. The government in the Kyrgyz Republic integrated the *RCEL Addendum* into provider training materials and the Ministry of Health in Mozambique used it in a revised IYCF package. WHO, UNICEF, and USAID Missions have also referred to the *RCEL Addendum* in materials to support programs.

The SUN Donor Network adopted our materials to strengthen financing through planning, budgeting, and governments in Tanzania and Kenya have used tracking expenditures for nutrition. In northern Ghana, stakeholders used our report on district financing to advocate for an increased budget for nutrition in development plans.

Our [guide on social norms](#) has been used by NGO programs in Burkina Faso and Niger, and integrated into a program evaluation in Rwanda. An implementing partner in Ethiopia used our [Prioritizing Multi-Sectoral Nutrition Behaviors](#) tool and USAID’s Office of Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) also adapted it for programs.

Country Program Accomplishments

Figure 5. Country Program Descriptions



Burkina Faso

USAID Advancing Nutrition’s work in Burkina Faso supported the government to strengthen nutrition governance at national level and in the regions of Center East, Center West, and South West. We achieved this through three objectives:

- strengthen institutional capacity of the Government of Burkina Faso and nutrition stakeholders to design, plan for, implement, and monitor nutrition interventions
- strengthen data-driven decision making for nutrition, using available nutrition related documentation and data
- support social and behavior change nutrition interventions.

In collaboration with a wide range of stakeholders, we realized several key achievements. We trained technical staff and supervisors from six sectors responsible for the implementation of the country’s *Plan stratégique multisectoriel de nutrition 2020–2024 (Multi-Sectoral Nutrition Strategic Plan 2020–2024 [PSMN])* on results-based management to help them integrate nutrition-specific and nutrition-sensitive activities into their sector work plans and track how these actions contributed to shared nutrition outcomes. We developed a digital dashboard embedded within the District Health Information System 2, known as the *Entrepôt de données sanitaires Burkina Faso*. This dashboard contains 25 indicators to monitor progress towards PSMN outcomes. Data from this dashboard has been used to plan for meetings of national and regional multi-sectoral coordination platforms.

The team also supported General Assembly meetings for the Conseil national pour la nutrition (National Nutrition Council) and the Conseils régionaux de nutrition (Regional Nutrition Councils). We contributed to the development of several important policy documents and roadmaps to support large-scale food fortification and SBC: the *Document d’orientation stratégique pour la Surveillance Réglementaire des Programmes d’enrichissement des aliments de grande consommation au Burkina Faso (Strategic Guidance Document for Regulatory Surveillance of Large-Scale Food Fortification Programs in Burkina Faso)*, its M&E plan, and the *Plan de Mise en Œuvre des recommandations issues de la revue à mi-parcours du plan de passage à échelle de la promotion des pratiques optimales d’alimentation du nourrisson et du jeune enfant 2013–2025 (Plan to Implement Recommendations from the Mid-Term Review of the Plan to Scale Up the Promotion of Optimal Infant and Young Child Feeding Practices 2013–2025)*, together with a programmatic roadmap budgeted to 2025. Lastly, as part of our collaboration with other USAID projects operating in Burkina Faso, the project supported three Umbrella campaigns (Campagne HÈRÈ) in the intervention regions. Financial support provided by USAID Advancing Nutrition enabled the broadcast of messages on local radio stations in local languages for a three-month period and supported theatrical performances on the campaign launch days in each of our three supported regions.

East Africa

The USAID East Africa buy-in was created to establish and coordinate a regional learning network focused on nutrition surveillance that brings together key experts and stakeholders. Following an extensive consultation and co-creation process, the Learning Network on Nutrition Surveillance launched in November 2022 with funding from USAID East Africa under USAID Advancing Nutrition. We chose the Intergovernmental Authority on Development (IGAD) to lead the implementation of the network, and they will carry it forward after December 2023. The learning network is quickly gaining momentum to fill the nutrition information gap by fostering learning and the exchange of information and practices on nutrition surveillance among experts from Djibouti, Malawi, Zambia, Tanzania, Rwanda, Kenya, Somalia, and Uganda. It may include additional neighboring countries in the future.

We designed LeNNS to directly respond to stakeholder needs and recommendations identified through an initial landscape analysis, key informant interviews, and ongoing conversations with members. LeNNS

offers policymakers, practitioners, universities, and research institutions a unique forum to share knowledge, concepts, and industry-recognized best practices in nutrition surveillance for effective country-led programs. In the last year, LeNNS facilitated cross-sectoral peer learning by convening four in-person events and several virtual meetings for engagement and exchange. Quarterly in-person technical meetings bring the network together for panels, country updates, and technical working group (TWG) meetings.

We formed three TWGs focused on early warning, routine, and micronutrient surveillance. TWGs provide members a platform to address priorities for thematic learning and innovations, harmonize surveillance practices and tools, and influence policy and program practices. At the first technical meeting in November 2022, IGAD and USAID Advancing Nutrition launched the network and formed the TWGs. The next three meetings solidified the network's structure and technical focus, with discussions on global and regional innovations in food nutrition surveillance (February 2023), opportunities and challenges in the nutrition data value chain (June), and reviewing achievements and planning for cascading to the country level (August).

In its first year, LeNNS harnessed the power of members' collective knowledge and expertise to improve nutrition surveillance in the region. By sharing best practices and experiences, members broadened their repertoire of resources and strengthened their country-specific nutrition surveillance systems. In its second year, after USAID Advancing Nutrition, LeNNS will evolve in response to member interests and ideas. The network's short-term strategic vision focuses on meeting the immediate needs of member states, providing tangible results, and consolidating resources. The long-term vision is to align with the 2030 agenda for the Sustainable Development Goals and open the network up to other regions.

Ghana

USAID Advancing Nutrition's work in Ghana provided technical support to advance the government's efforts to improve planning and delivery of services that promote household resilience and early childhood growth and development. Originally launched in 17 districts in 4 regions, we later expanded to cover 55 districts across five regions in northern Ghana. To achieve this, the project worked to strengthen coordination mechanisms and improve nutrition planning and integration into development plans. We supported the establishment of District Nutrition Coordination Committees and revitalized the Scaling Up Nutrition Cross-Sectoral Planning Group and the National Nutrition Partners Coordination Committee. These committees bring together nutrition-specific and nutrition-sensitive actors at national and district levels to plan for nutrition and coordinate their efforts. We supported the government to develop planning guidelines for food and nutrition security (FNS) and strengthen the capacity of nutrition stakeholders in 17 districts to apply the guidelines to mainstream FNS into their 2022–2025 medium-term development plans (MTDPs). We also supported the 17 districts to increase the food and nutrition security (FNS) budget from an average of GHS 9 million (approximately \$1.5 million using the average exchange rate for 2021) in the 2018–2021 MTDPs to GHS 29 million (approximately \$2 million per the average exchange rate for 2023) in the 2022–2025 MTDPs.

USAID Advancing Nutrition also worked with the government to improve the quality and reach of nutrition services. We trained 5,774 health workers in IYCF, anemia prevention and control, community-based management of acute malnutrition, and more. We supported health workers to conduct outreach and home visits, reaching 262,832 children under five and 136,227 pregnant women with essential nutrition services. We supplied over 290,000 maternal and child health record books and other registers and trained health workers to improve the quality of nutrition data. We also partnered with the Ghana Health Service to test the feasibility of an integrated service package that combines RCEL with IYCF to promote holistic nurturing care for children from birth to age two. Results showed increases in MDD and acceptable diet for children 6–23 months, and responsive caregiving in the implementing districts, providing the grounds for scaling up. We developed a flow chart together with

health workers and the Ghana Health Services to streamline and improve the quality and tailoring of integrated counseling on IYCF and RCEL.

In addition, USAID Advancing Nutrition worked with the government to improve household nutrition and resilience by strengthening the capacity of 340 village savings and loan associations and mother-to-mother support groups to effectively combine savings and loans with activities that promote positive nutrition behaviors. In 17 months, the 340 groups, with a total membership of 10,193 (9,267 females, 926 males), saved over GHS 3.1 million (approximately \$260,000 per the average exchange rate for 2023) and invested part of their savings and loans in farming and trading, and in the nutrition and health care needs of their families. Working with the groups, the project reached 108,663 (27,014 males, 81,649 females) community members with key messages on nutrition, environmental health, and food safety through cooking demonstrations, community durbars, and other social and behavior change communication activities.

Honduras

USAID Advancing Nutrition received a draft scope of work from USAID Honduras in June 2021 and undertook an in-depth scoping exercise. While the scoping exercise and analysis took longer than desired, due, in part, to COVID-19 pandemic-related travel restrictions, the findings were critical for the development of a comprehensive set of activities for improving nutrition multi-sectorally. In May 2022, we began implementing a series of activities to strengthen systems that enable target communities and households to sustain the adoption of healthy dietary practices in the departments of Santa Bárbara, Ocotepeque, and Copán. We engaged a wide range of actors from multiple sectors, including municipal governments, departmental and municipal health and education offices, health service providers, civil society organizations, and food systems actors in the project's 11 municipalities.

A series of diagnostic exercises assessed the competencies of health and education entities at the municipal level as well as those of health workers to model, promote, and facilitate sustained adoption of healthy dietary practices, nurturing care practices, food safety practices, hygiene practices, family farming, among others. This was critical for the co-creation and implementation of CSPs. Ultimately, we trained 1,085 individuals in the delivery of nutrition services and 242 elementary school teachers to train others in the delivery of nutrition education for students and parents. We also assisted 61 organizations to improve their M&E capacity for analyzing nutrition data and using those data for follow-up and decision-making. In so doing, we improved and expanded quality nutrition services in 159 communities, implementing the national strategy for Integrated Child Care in the Community.

We also mapped and assessed food system actors to understand the flow of food from production and processing to consumption, and to identify the main actors of municipal food systems, their level of interaction and influence in the communities, and barriers they face ensuring year-round access to nutritious foods. In response, we trained and/or provided technical assistance to 4,691 food system actors from the 11 municipalities on best practices in food production, administration, and handling.

In addition, we supported and assisted the reactivation and establishment of 11 municipal intersectoral councils. We encouraged the inclusion of health and education sectors, local government, civil society, and food system actors and helped them develop short and medium-term plans that include food and nutrition security activities. These councils are critical for promoting multi-sectoral approaches in designing, implementing, and monitoring food and nutrition security activities.

Over 18 months of implementation, we reached 24,979 households, 9,225 children aged 0–59 months, and 1,671 pregnant women through activities in support of services delivered by health, education, local government, and food system stakeholders in 11 municipalities in the project zone of influence.

Finally, at the national level, we assessed the regulatory framework for LSFF and the coverage of fortified foods in the market. This exercise raised the awareness of government, private sector actors, and the

international development community and led to the reactivation of the Micronutrient Consultative Committee for the prevention of micronutrient deficiencies.

Kenya

USAID Advancing Nutrition sought to strengthen national and county-level capacity to plan, finance, manage, and implement multi-sectoral nutrition interventions to improve the health of populations at risk of nutritional deficiencies in Kakamega, Kisumu, and Kitui Counties. We aimed to strengthen national and county-level government capacity to plan, finance, manage, and implement MSN interventions to improve the health of populations at risk of nutritional deficiencies. We did this by improving MSN resource allocation at the county level, planning for nutrition at the county level, and improving the functionality of government-led MSN coordination platforms at the national and county levels.

Advocacy for nutrition requires that key influencers and local organizations work together and have the right tools. We identified and strengthened the capacity of 10 local civil society organizations, and facilitated the establishment of the Kisumu SUN Business Network, comprising 16 small- and medium-sized enterprises in the food and nutrition business value chain. We supported the adaptation and use of county MSN scorecards and financial tracking tools. Counties tracked nutrition financial allocations and expenditures across government departments and partners, thereby increasing accountability and resource efficiency. Across the three counties, we identified, trained, and supported 186 sector-wide nutrition champions (including former and current First Ladies) to prioritize, secure funding for, and hold county governments accountable for the quality and coverage of nutrition services.

County executives and elected officials often lack concise tools to advocate for increased budget allocation and actions. We developed county MSN investment cases and policy briefs that demonstrated the economic costs of malnutrition and priority actions across sectors. Addressing malnutrition requires a strategic shift in nutrition workforce development and general population awareness on healthy habits. In partnership with the Ministry of Health—Division of Nutrition and Dietetics, Ministry of Agriculture and Livestock Development Agri-Nutrition Unit, and Ministry of Education, we mainstreamed updated nutrition, health, agriculture, and physical education content of the competency-based curriculum for grades 10–12. Last, we supported Maseno University and Masinde Muliro University of Science and Technology to develop curricula for Bachelors of Science in nutrition and food security and in nutrition-sensitive agriculture, respectively.

Traditionally in Kenya, donors and development partners fund nutrition. Minimal government financing is due to limited capacity of technical officers in planning, budgeting, and advocacy with policymakers and legislatures. In the three counties and at the national level, we facilitated the training of 96 staff in program-based budgeting and joint work planning of MSN departments for annual work plans, county integrated development plans, and medium-term development plans at the national level. As a result, the government funded nutrition-specific allocations and sub-programs for the first time; Kakamega County allocated 60 million KES (0.5 million USD) for the school feeding program. In Kisumu, 11 million KES (76,855 USD) was allocated for MSN coordination, governance, and recruitment of nine agri-nutrition officers. In Kitui, 69.5 million KES (485,590 USD) was allocated for the school feeding program under the County Department of Basic Education, and procurement of anthropometric tools worth 4.5 million KES (31,440 USD) for growth monitoring. At the national level, for the first time ever, the Government of Kenya Fourth Medium-Term Plan (2022–2027) included nutrition-sensitive agriculture and nutrition in the Family Health and Strategic Public Health program for the Ministry of Agriculture and Livestock Development and Ministry of Health—Division of Nutrition and Dietetics, respectively. This means they will always be funded under special programs in both ministries.

Two years of MSN work in Kenya resulted in increased participation, ownership, and decision-making in nutrition-sensitive sectors of agriculture, education, social protection, and water, sanitation, and hygiene.

Nutrition was once perceived to be the focus of the health sector and its partners at national and county levels. We facilitated the development of MSN ToRs with clear roles and responsibilities of actors, levels of government, and commitments from the Council of Governors. We established functional government-led and funded county and sub-county MSN platforms in Kakamega, Kisumu, and Kitui. For the first time, Kitui established an Agri-Nutrition Unit that coordinates nutrition in agriculture, livestock, fisheries, and cooperative departments, and redeployed nine home-economics officers to the sub-counties to coordinate and oversee activities. The project also mapped 107 food and nutrition coordination structures at the national level and in the three counties, which informed the alignment of and capacity strengthening support for the coordination structures. Lastly, in late July–early August 2023, county, and national MSN forums hosted four close-out dissemination events attended by 316 delegates (145 male, 171 female).

India

USAID Advancing Nutrition in India provided technical assistance to local stakeholders in Assam State to demonstrate the potential for community-led nutrition-sensitive agriculture to improve diets. In collaboration with our government partner Assam State Rural Livelihood Mission, USAID Advancing Nutrition trained 138 community cadres as master trainers (MTs) on horticulture, aquaculture, women’s empowerment, and nutrition. Our local implementation partner, Seven Sisters Development Assistance (SeSTA) conducted the training. The master trainers reached a total of 24,598 women self-help group members through cascade training. As part of the training curriculum development and localization, we handed over a training-of-trainers manual and another for women self-help groups, to Assam State Rural Livelihood Mission to scale-up across the state. To further amplify MT efforts, the project deployed a mobile training platform (on Learn.Ink.) for community cadres to access instructional videos that reinforced the in-person training content. Additionally, the project implemented several SBC activities to address factors affecting the adoption of key nutrition and agriculture behaviors. We carried out activities including local NGO/community-based organization sensitization to empower them to disseminate best practices beyond the project geography. A total of 21 local NGOs and community-based organizations participated. The project also trained 51 school management committees involving teachers and parents on nutrition and women’s empowerment for agriculture.

From the start, the project emphasized a locally driven model, as a result, we prioritized collaboration with communities to enhance the effectiveness of the activities. USAID Advancing Nutrition aimed to increase the capacity of SeSTA in key technical topics in nutrition-sensitive agriculture to improve the quality of their implementation under the project, but also to support the implementation of similar activities in the future. We provided training to SeSTA on nutrition-sensitive agriculture, SBC, and gender and social inclusion. We also provided ongoing mentoring and coaching on MEL and data collection and held regular phone calls and meetings where USAID Advancing Nutrition provided feedback to the SeSTA team. Lastly, we facilitated a pause and reflect after six months of programming where we encouraged the team to critically consider which activities were most important to drive increased productivity and improved diets and how to adapt them to be more successful. SeSTA learned concepts and approaches in CLA and the importance of continuously reflecting on project activities. Through this process, we learned that projects aiming to foster local ownership of program activities must allow for upfront and continuous time and resources for capacity strengthening to ensure program quality.

Kyrgyz Republic

USAID Advancing Nutrition operated in the Kyrgyz Republic from 2019 to 2023 in Jalal-Abad, Batken, and Issyk-Kul Oblasts as well as Bishkek City. The project worked to promote 11 evidence-based practices to improve the nutritional status of women of reproductive age (ages 15–49) and children under five, with a focus on the 1,000-day window of opportunity from pregnancy to a child’s second

birthday. We did this by working to improve nutrition-related behaviors through enhanced SBC at the individual, household, and population level and the quality of nutrition services in the health system.

USAID Advancing Nutrition designed SBC activities to improve household-level practices, shift social and gender norms, and strengthen linkages to health services. We worked through various platforms to reach target populations with behavior change approaches, building knowledge and motivation for promoted nutrition-related practices and increasing demand for nutrition services. Over the life of the project, we engaged and trained 4,859 community volunteers (activists) on 9 nutrition and hygiene-related modules to improve nutrition knowledge, attitudes, and practices. Trained community activists reached 211,651 individuals from 42,320 households in 515 villages throughout our implementation areas. The project organized and disseminated informational and educational materials and training aids for improved nutrition behaviors developed with the Republican Center for Health Promotion (RCHP), and other partners. The project also strengthened the capacity of health promotion units, village health committees, and activists on community mobilization, nutrition, hygiene, and RCEL. By introducing the six-step counseling skills from the *RCEL Addendum*, we strengthened activists' counseling skills and support to community members.

USAID Advancing Nutrition strengthened the capacity of health workers from three oblasts to provide quality nutrition services. Since 2019, we conducted 351 trainings on IYCF, adolescent and women's nutrition and anemia, BFHI, and RCEL for 2,900 healthcare workers. Those trained in turn provided 131,000 counseling sessions to 19,900 pregnant women and 32,588 children under two. We also trained 196 participants from 31 educational organizations on these topics during pre-service training. The project also provided complex support to the Ministry of Health, including guiding the revision of the national clinical guideline and protocol for iron deficiency anemia, ensuring the institutionalization of updated curriculum in both pre-service training and continuing education for doctors and nurses, and supporting select medical institutions on continuous quality improvement measures. With our advocacy, the government's reporting system introduced nutrition indicators for women and children, and the job responsibilities of clinical managers in the three oblasts now includes a mentoring approach to supportive supervision.

The project's impact evaluation showed a statistically significant 22 percent point increase in the prevalence of exclusive breastfeeding among children under six months of age, rising from 40 to 62 percent. There was also a significant reduction in the consumption of high-calorie, low-nutrient-density (junk) food, including a 9 and 12 percent decrease in the percentage of children 0–5 months and 6–23 months, respectively, who consumed sugary or processed food in the previous 24 hours (from 18 to 9 percent and 79 to 67 percent, respectively) and a 7 and 15 percent decrease in the percentage of children 0–5 months and 6–23 months who consumed tea in the previous 24 hours (from 14 to 7 percent and 68 to 53 percent, respectively).

Mozambique

USAID Promovendo a Nutrição worked in Mozambique from August 2019 until March 2023. We focused on supporting the Government of Mozambique to strengthen human resource capacity to plan and manage nutrition services at the national level and within Nampula Province, and provided technical assistance to the USAID-funded Transform Nutrition project.

To strengthen government capacity to plan and manage nutrition programming at national and subnational levels, we—

- conducted a human resources capacity assessment and produced a subsequent advocacy brief with recommendations
- trained provincial, district, and health center staff on essential nutrition services

- supported joint supervision visits following the training
- supported logistics to ensure provincial government health facilities had the registration books needed for nutrition services.

We also provided technical support to the Ministry of Health to update two curricula: the competency-based nutrition curriculum and the nutrition content within the maternal and child health nurses' curriculum. To strengthen multi-sectoral coordination, we supported the government to establish district multi-sectoral nutrition coordination committees in 19 districts; provided multi-sectoral nutrition coordination technical support at the provincial level; trained 60 high-level government officials in food and nutrition security policies and strategies; and supported coordination meetings at the national and subregional levels. Our capacity strengthening approach focused on mentoring and joint collaboration. As a result of the efforts, the government has stronger systems and staff capacity to plan and manage multi-sectoral nutrition programming. These gains are critical in long-term strategy to reduce malnutrition.

To strengthen Transform Nutrition's capacity to deliver high-quality nutrition programming, we built on the foundation of a collaborative working relationship. We jointly designed a technical needs assessment and an organizational capacity assessment to inform our collaboration, which led to the development of a capacity strengthening plan. Focus areas included strategic planning, SBC, sanitation and hygiene, MEL, ECD, and nutrition-sensitive agriculture. Grounding our capacity strengthening work in Transform Nutrition's priority needs allowed us to focus on critical areas for growth. Additionally, we provided support to strengthen Transform Nutrition's capacity and the government's capacity to lead, coordinate, and deliver integrated programming and improve child development outcomes through training, supervision and technical support, and awareness-raising campaigns.

Niger

USAID Advancing Nutrition's work in Niger sought to reduce the prevalence of anemia among women of reproductive age and adolescents and vitamin A deficiency among children under five. We designed interventions to strengthen government and community volunteers' capacity for vitamin A and iron-folic acid supplementation and improve dietary consumption of these micronutrients by target populations. To guide interventions, the project conducted formative research to identify factors influencing the use of iron and vitamin A supplementation and improved dietary practices in two regions of Niger and a rapid assessment to identify the challenges and opportunities for strengthening the supply chain for vitamin A and iron-folic acid supplements in Niger. Interventions focused on capacity strengthening of both government and project partners. To support the government in transitioning from mass campaigns to vitamin A supplementation through routine health services, we supported the training of 15 trainers, 505 health workers, and 3,899 community volunteers. We also supported the training of 104 heads of health centers and community stock managers in the Ministry of Health's drug logistics management system to help address supply chain challenges. We provided technical support for the preparation of training modules on anemia/iron-folic acid supplementation for health workers and community volunteers as well as a trainer's guide. Based on findings from the formative research, we developed an SBC strategy and resources for use by government and project partners for their work to increase consumption of vitamin A and iron through supplementation and increased consumption of foods rich in these micronutrients. These resources included two technical briefs, two flipcharts for discussions within community platforms, eight radio skits, and three radio programs. We developed and piloted a guide describing a process to use with community groups to identify and test feasible changes to the diets of young children and pregnant women to increase consumption of vitamin A and iron—such as adding an ingredient to a meal they commonly prepare.

Nigeria

USAID Advancing Nutrition played a crucial role in strengthening multi-sectoral nutrition activities in Nigeria to support the prevention and treatment of wasting. The project provided capacity strengthening support to national- and state-level public sector actors to improve their planning, budgeting, implementation, and monitoring of nutrition and food security programming. In Bauchi, Kebbi, Sokoto, Ebonyi, and the Federal Capital Territory, the project bolstered the capacity of State Committees on Food and Nutrition (SCFNs). With the SCFNs, we co-created capacity strengthening plans based on results from a baseline organizational capacity assessment. High-level results from our technical assistance to the SCFNs include the establishment of nutrition departments in all the ministries in four states, the development of a state-level food and nutrition policy in all five states, and the launching of 28 Local Government Committees on Food and Nutrition. The project co-developed an orientation package with national and state stakeholders to orient SCFNs on food and nutrition challenges, priorities, and the role of their SCFN. Recognizing the importance of data for informed decision-making, the project trained 274 nutrition focal persons and M&E officers on data quality and reporting. We also launched the Subnational Food Systems Dashboard, which enables state-level actors to access data on more than 70 indicators.

USAID Advancing Nutrition supported the Ministry of Health to refresh the MICYN training manual, provide training on integrated management of acute malnutrition to 109 healthcare workers and 2,140 healthcare and community volunteers on malnutrition screening. USAID Advancing Nutrition worked to strengthen local food systems by identifying challenges in the food supply chain and providing good agricultural practices training for 258 extension workers and lead farmers, and aflatoxin prevention and reduction training for 470 extension agents and lead farmers to enhance food safety. Additionally, the project undertook research activities producing learning on local alternatives to treat moderate acute malnutrition, key programming considerations for reaching adolescents with nutrition programming, factors affecting the consumption of target nutrient-rich foods, and gaps and opportunities in the counter-referral system in the target states.

Tanzania

Over the project's four years, USAID Advancing Nutrition strengthened the capacity of the Prime Minister's Office (PMO); Tanzania Food and Nutrition Centre; and nutrition-sensitive ministries, departments, and agencies (MDAs). Specifically, USAID Advancing Nutrition supported its government partners to develop tools and sustainably institutionalized their application within high-level government offices.

USAID Advancing Nutrition supported rapid assessment of MDA plans and capacity, which informed the development of planning and budgeting guidelines for nutrition-sensitive MDAs. To establish a mechanism for real-time support, we supported the PMO to institutionalize annual planning and budgeting meetings to ensure nutrition technical staff could review the plans and provide input for smooth implementation. Through these meetings, we collaborated with MDAs to advocate to the Ministry of Finance and Planning for the introduction of a nutrition objective in their planning document and government financial system to allow for easy planning and budget allocation. Additionally, USAID Advancing Nutrition supported the PMO in developing the Resources Mobilization Strategy (RMS) which Prime Minister Hon. Kassim Majaliwa launched in November 2021. Following the launch, we supported the PMO in ensuring accountability and follow-up through the development methodology and tools for annual RMS assessments.

For TFNC, the project provided extensive technical support and assistance in the development of technical tools, including training materials and an orientation package to assist with technical sessions with nutrition-sensitive MDAs. We supported TFNC in developing the Tanzania Nutrition Leadership Program; the team is now developing curriculum for a pilot program in early 2024.

USAID Advancing Nutrition was a key partner throughout the NMNAP II development process, attending all working sessions and providing hands-on support. Following the launch, we supported the PMO and TFNC in early dissemination, internally through nutrition-sensitive MDA management meetings and externally through a global webinar. To make the content accessible, we supported TFNC to develop four briefs.

Uganda

From June 2021–September 2023, USAID Advancing Nutrition implemented targeted interventions to strengthen the Government of Uganda’s efforts reducing micronutrient deficiencies through LSFF. Specifically, the project identified, designed, and executed activities to address challenges in the enforcement of and compliance with food fortification regulations and standards, and in monitoring the quality of four fortified food vehicles—salt, maize flour, wheat flour, and edible oils and fats.

Working in collaboration with the Government of Uganda’s MDAs involved in LSFF, we assessed the effectiveness of the current food and drug laws and fortification regulations; provided technical input in the review of food fortification standards; conducted a landscape analysis of the food fortification program; and documented the functionality, strengths, gaps, opportunities, and lessons of the regulatory processes and systems. Relatedly, we conducted a market surveillance study to determine the availability of fortified food brands at the retail level and the presence and concentration of the required micronutrients in the four fortified food vehicles. Then we conducted a capacity needs assessment for 58 food processors, trained 36 master trainers and staff from 28 food processing industries, developed training manuals, profiled food processing industries, and developed business models to elaborate a whole-of-business approach to develop the value proposition for food fortification in Uganda.

In addition, we documented industry marketing strategies, messages, and interventions for fortified foods, and engaged the National Working Group on Food Fortification (NWGFF) to streamline the use of the food fortification logo. We also developed a capacity strengthening plan for the NWGFF, revised the NWGFF and secretariat TOR for sustained coordination efforts, documented food fortification priority actions to strengthen institutionalization of the food fortification program by key institutions, and developed an advocacy brief to lobby and promote the procurement and consumption of fortified foods in public and private institutions. Furthermore, we worked with the Private Sector Foundation Uganda to integrate fortifying industries and fortified food brands in the annual private sector framework and recognized key members of the NWGFF for their collaboration and commitment to sustain food fortification.

Challenges

Like any large and complex project, USAID Advancing Nutrition achieved its successes despite a number of challenges. While we noted these in our annual reports, in retrospect, we consistently strived to view each challenge as an opportunity to do things more efficiently and with greater quality, sustainability, and/or impact.

The most significant challenge was, of course, **the COVID-19 pandemic**. Reacting to and managing the impacts of the COVID-19 pandemic on USAID's development priorities demanded that many USAID points of contact were assigned to a COVID-19 response unit for at least six weeks, which disrupted work, especially deliverables which aligned with the thinking/vision of or had greater involvement from one USAID counterpart. While our teams responded quickly and USAID helped to identify other points of contact, it resulted in delays as ideas, priorities, visions and/or proposed outputs changed. Despite the challenges of working remotely for almost two years, we used this to champion using local actors to undertake country landscape analyses. Given that over half of our country teams started operating during the pandemic, we developed strong relationships using Zoom, Google Meet, and WhatsApp to ensure we had an understanding of the local context. Globally, we developed COVID-19 response, mitigation, and safety guidance for all staff, which we kept up-to-date as the pandemic evolved and shared with USAID and partners to ensure that all associated with our work remained protected as much as possible. We also completed [a brief](#) that describes how the project used USAID's framework for CLA to guide efforts to pause, reflect, learn, and adapt to the effects of COVID-19. We documented [COVID-19-related adaptations within USAID-funded nutrition investments](#) to identify practices to mitigate current and future challenges and we worked closely with UNICEF to adapt IYCF counseling guidance and cards to the COVID-19 context, as evidence related to maternal and young child feeding emerged.

Another defining challenge came early in the project when the **U.S. government shut down** for six weeks. While we had funds, we did not yet have an approved PYI work plan. While this shutdown resulted in six months to complete 69 planned deliverables, we used the time to bring our team together and update each other on the latest evidence and thinking related to the key aspects of multi-sectoral nutrition that we assumed the project would work on in the years to come. Staff researched and shared latest evidence in team meetings and internal webinars and we established an internal resource sharing mechanism that later informed the development of our bi-monthly Multi-Sectoral Nutrition Resource Reviews, a key and highly valued output of the project.

Additional challenges were also linked to U.S. government or USAID policies, operations, and the political environment. Turnover of senior USAID staff/nutrition leadership supporting our contract challenged our ability to clarify a vision and set clear technical priorities during the first two years. In addition, we were discouraged or **inhibited from directly collaborating with key multilateral organizations** until January 2021. This challenge was not unique to USAID Advancing Nutrition. However, given the importance of collaborating, convening, and sharing to sustaining progress in multi-sectoral nutrition programming, the inability to openly and directly partner with key multilateral actors such as UNICEF, WHO, and World Food Program delayed progress on important outputs. The second U.S. government-related challenge was linked to the **restructure within the U.S. State Department and USAID** resulted in restructuring within each of the bureaus that supported our project at the global level. As might be expected, it was challenging for USAID staff to provide clear guidance, in part because consensus on nutrition priorities may not have existed within bureaus during this time period. Restructuring made it more difficult for staff to communicate and strategize across bureaus as well.

Finally, we received country buy-ins much later in the life of the project than expected, resulting in **very short country programming timeframes** for the majority, and limiting the extent to which we

could test global tools, guidance, and conduct implementation research. There were also significant **disparities in size and scope across the country buy-ins**, but all had ambitious objectives, especially given the timeframes for programming. In response, we established a dedicated Country Programs team, drawing on appropriate technical staff from our global team that could focus support to country operations and programming while also bringing learning, tools, and evidence developed across the global portfolio to inform, complement, and/or enhance the USAID Mission scopes of work. By PY4, we also began to identify technical areas that two or more countries shared (e.g., nutrition governance, localization and capacity strengthening, nutrition services delivery) so they could learn from each other, share approaches, and develop lessons to share with the wider nutrition community.

Key Lessons and Recommendations

Given the broad scope of work and engagement that USAID Advancing Nutrition had with USAID and across the global nutrition community, we had the opportunity to learn at many levels. We have attempted to share our lessons learned and better practices related to technical areas and operations and to make recommendations, pointing to both gaps and opportunities for sustainability and future programming.

Lessons Learned and Recommendations

Learning from Our Global and Country Program Approaches

- We provided technical assistance, capacity strengthening, and facilitative support to national and subnational governments in a number of activities. This multi-layered approach is necessary to transition from donor ownership and financing of nutrition programs to supporting local leadership, skill building, and expertise. The most equitable partnerships from our projects took a significant amount of time to conceptualize, design, and begin implementation. In many cases, more time was needed to effectively co-create policies, guidance, plans, and budgets to fully enable local ownership, tailor strategies to the local context, and improve the sustainability of multi-sectoral action. Where these partnerships were most successful, we began the work with a handover plan and established clear expectations about ongoing funding from the start.
- USAID and implementing partners should prioritize localization from the outset and agree on guiding principles for what this means for specific projects. Since localization requires going beyond coordination to work in collaboration with local partners to design and implement engagements, joint decision-making is needed from the outset, including when determining the objectives and approach for country buy-ins, designing, and implementing research and learning activities, and setting capacity strengthening priorities and approaches for stakeholders to validate and agree upon. Project planning and budgets should account for the fact that applying technical assistance or facilitative approaches with local actors takes more time and, as a result, can be more costly.
- The project responded to growing calls in the United States and the development field to be more intentional and systematic with diversity, equity, inclusion, and accessibility (DEIA). We established DEIA principles and guidance for the project and made progress implementing these, but were not able to integrate these consistently. Establishing DEIA principles and guidelines early on can ensure that project structures and norms facilitate, support, and reinforce DEIA in tandem with localization approaches. DEIA principles need to consider all aspects of work, including human resources, technical assistance and capacity strengthening approaches, KM and communications, and research engagements.
- The project developed and piloted global tools and guidance materials across SBC, healthy diets, and nutrition in fragile contexts. In each of these instances, as we implemented activities, we developed, tested, and refined materials. The [SBC tools](#) and [marketing healthy diets guide](#) were user-tested and refined until the final year. For tools and guidance materials developed for nutrition in fragile contexts, we developed materials in response to needs identified by implementing partners, and tested and refined them through the process of providing technical assistance or undertaking implementation research. For some materials, however, demand for these materials often came at the global level, so we were not always able to identify intended users of the materials to pilot with. Based on the success we had with piloting efforts in a number of countries including but not limited to Burkina Faso, Kenya, Ethiopia, Niger, and Mozambique, we recommend piloting tools and/or guidance materials with intended users where possible to

help refine and strengthen materials and increase the likelihood they are used for their intended purpose. At times, it may be necessary for USAID staff working within Operating Units at the global level to collaborate with one or more country Missions to create opportunities to ensure that tools are piloted and implemented. It is also helpful to have specific examples of applications that can address common questions from potential users.

- [CLA implementation](#) required consistent resourcing and adaptation. Fostering a learning culture, developing flexible plans and processes, and providing on-demand technical assistance and coaching on CLA helped ensure success. We recommend these approaches on similar global projects, in addition to strategically focused learning activities and agendas. We encourage identifying at least one person on the project skilled and experienced in applying a CLA approach to programming, with a technical MSN background who can work across the project to develop a culture of learning and take advantage of learning opportunities.
- Building partnerships and engaging a range of stakeholders, from academics to community-based organizations, to define and target communications outputs was critical to maximizing their quality, use, and adaptation. Consider which stakeholders to engage and plan for strategic engagement throughout activities.
- When and where possible, build on existing evidence, experience, guidance, and tools to avoid replicating effort. At the same time, look beyond the usual experts to engage local thought leaders and elevate local knowledge, communities, and private sector actors that are critical to understanding and solving challenges within and across food and health systems.
- The project had experience using multiple strategies to disseminate large quantities of resources to a range of audiences and supported uptake of evidence among many actors. These experiences revealed learning similar to what we know about SBC—promoting the uptake, use, and adaptation of research, evidence-based approaches, tools, and/or better practices requires targeted dissemination strategies that offer multiple opportunities for sharing. Interactive platforms that encourage direct engagement with the information can expedite this.

Recommendations to Inform Future Global Program Approaches

- The project closely collaborated with and supported multiple USAID operating units with different approaches and priorities. Working across multiple operating units requires tailored approaches for different stakeholders given differing priorities and needs. Facilitating dialogue and ensuring cohesion across operating units could help unify messaging and streamline systems in the future. Operating Units should take ample time to agree internally on bureau-specific as well as cross-bureau priorities before co-creating work plans with implementing partners, being as clear as possible on common desired outcomes, or create space for the project to help facilitate that intra-USAID discussion.
- The number of country buy-ins expanded greatly during the project period and we shifted our organizational structure in support of this. Our dedicated Country Programs team provided valuable perspectives, improved the quality of program plans and outputs, created opportunities for sharing, and engendered strong relationships across country and global program staff.
- Many country buy-ins came at the midpoint or later in the project, allowing for two years or less of implementation. Our experience suggests that two years is unrealistic given the time required to become established, form relationships, implement activities, and begin to see results, and build momentum. As one of our country chiefs of party noted, “You get established, work for a little while, and then leave just as the communities are energized. They are looking for you, but you are gone.” Short project cycles do not allow projects to work according to many of the principles that

USAID promotes, including localization, sustainability, and equity. We recommend investing in longer project cycles and using contract mechanisms that allow for more flexible timing, to ensure that these principles can be at the center of implementing partners' work.

- As a contract, USAID Advancing Nutrition worked closely with USAID to explore areas to inform future areas of work, research, and learning. We shared the results of these assignments with USAID as “internal” documents so they are not available to global stakeholders. Recognizing that staff turnover is inevitable, we would recommend that those who worked with us—across bureaus—at USAID should share the range of internal documents and reviews produced over the life of the project with any new USAID staff who are connected to or concerned with multi-sectoral nutrition and determine which aspects of that work might guide and develop priorities for/with follow-on global or bilateral nutrition activities.
- Similarly, challenges to capacity strengthening centered on the duration of activities. When working with local organizations, recognize that bringing organizational and technical systems up to USAID standards is a heavy lift, taxing the ability of local partner staff to absorb change while meeting commitments with other donors. USAID Advancing Nutrition implemented the NPI grants program over a two-year period, which partners indicated was too short for sustaining systemic organizational change. We recommend engaging in organizational capacity strengthening over a 3–5-year period and using a graduated approach to allow partners to grow at a pace and scale that prepares them for success, and developing a transition plan with ongoing funding.

Technical Recommendations

We summarize team-specific technical recommendations coming out of USAID's global investment in the five-year project below. Much of our work was not only multi-sectoral and multidisciplinary in nature but often spanned or linked USAID Operating Unit priorities in order to answer contextually or country-specific questions as well as inform global best practices and/or fill knowledge gaps. Some recommendations, below, may appear through the work of one team that worked closely with another, especially our cross-cutting teams, thereby contributing to achievements in more than one technical area.

Mother and Child-Centered Nutrition Service Delivery

- Improving the quality of health service delivery for nutrition requires continuing attention to capacity strengthening to build caring and compassionate attitudes and skills among providers.
 - While training is useful, [mentoring and supportive supervision](#) can build competencies and sustain change.
 - Addressing resource constraints is critical to sustainability as financial and human resource constraints are often a significant barrier to quality service delivery.
 - Adequate nutrition financing and accountability planning/implementation must accompany new or newly-enforced policies.
 - Co-creating solutions through approaches such as [behavioral and human-centered design](#) with health workers, managers, and policy-makers can lead to new insights/opportunities to resolve persistent challenges such as low trust or participation in services, and limited adherence to standard protocols by health workers.
- True partnership (shared priorities and plans) with local stakeholders including government, parastatals, organizations can take more time and attention than planned to align technical and local knowledge and needs.
 - Build in time and flexibility to ensure strong relationships and trust.

- Keep USAID involved to manage expectations related to outputs, timing, and costs of activities.
- The global nutrition community has long recognized the lack of consistency in quality counseling, although it is a central and critical service. We identified a lack of clarity across stakeholders on definitions or measures of counseling quality, compiled challenges and good practice, and translated these insights into a [learning agenda](#) for counseling specific to GMP for future programs and research to move forward to address this key gap. Specifically, improving definitions and measures of quality counseling will help improve its effectiveness.
- Emphasis on caregiver well-being is essential so they gain agency over gender, family, and social inclusion barriers to act on recommendations received through counseling and services. Per the global evidence we generated and shared, it is critical that caregivers are not only able to participate in services and community nutrition activities, but are also given the time and skills to provide nurturing care, and that programs and research include [measures](#) for tracking progress in supporting caregivers.
- Expanded work in pre-service training is an important frontier for nutrition work at USAID. Working with countries to support a more systematic approach and regular schedule for [revising pre-service training](#) and ensuring content is up-to-date and technically sound will have a significant impact on health worker performance.
- Our contribution to the global evidence base and development of tools that promote integration of [responsive care and early learning](#) (RCEL) and nutrition is a critical step towards the delivery of more holistic services to achieve optimal child development.
 - Continue efforts to expand the use of the *RCEL Addendum* and its associated resources (videos, flow chart) in other contexts (e.g., countries and humanitarian contexts), in concert with the newly updated UNICEF C-IYCF Counseling Package.
 - Implementation plans should include increased levels of community engagement and use of social and mass media to complement counseling.
 - Pilot testing of the new [Ages and Stages Reference package](#) and updating the tool based on implementation learning would benefit the tool and its users, and further help to inform that use of tools to support more tailored and quality RCEL/IYCF counseling.
- USAID Advancing Nutrition’s work to [support the nutritional care](#) of children with feeding difficulties and children with disabilities paves the way for more work in this critical area to provide more inclusive nutrition programming.
 - To better understand the nutritional needs of these children, localized experience sharing is critical for ensuring that tools, guidance, and other resources are developed with the needs of users in mind. More research and inclusive data is needed.
 - Donors such as USAID should support tangible implementation research and better data design that specifically includes and tracks children with disabilities.
 - Integrate support to children with feeding difficulties and children with disabilities throughout IYCF packages and into nutrition programs, along with guidance and training for health workers to appropriately identify and support or refer these children when needed.
 - Donors should direct more funding toward programming that: (1) requires or encourages applicants to partner with organizations of persons with disabilities and/or disability-focused local organizations; (2) is related to rehabilitation, specifically incorporating support to children with feeding difficulties; and (3) is related to health, nutrition, or health systems

strengthening that include a specific objective about children with disability and/or children with feeding difficulties.

- USAID should lead global advocacy to get feeding and disability onto the nutrition agenda and into high-level health equity conversations. This should include both a high-level focus at large global events, and more targeted high-level, small consultations that are action oriented.
- USAID should participate in global advocacy to incorporate children with disabilities into high-level health equity conversations, especially in light of the recently adopted resolution on strengthening rehabilitation in health systems.
- Use responsive feeding approaches in order to iteratively track and evaluate changes in priority nutrition behaviors and factors.

Healthy Diets

- Guide actions to [improve diet and nutrition outcomes](#) with food systems; household-level actions alone are insufficient to gain the necessary traction in women's empowerment, agricultural production and income generation needed to improve diets.
- Use the [food systems conceptual framework](#) as a starting place to orient agriculture, food security, and other sectors to the need to focus on diets as the critical outcome to improve nutrition, and to help actors identify food systems actions.
- Map existing interactive pathways within the climate change and nutrition nexus.
- Use of the documentation of our experience testing approaches to [measure](#) elements of consumer demand for nutritious foods and guide for implementing partners to tailor their approaches for their activity contexts may not only build the evidence of effective consumer demand approaches but also refinement of this global resource in future.
- Application of the [market food environment assessment package](#) we tested will help to further validate the methods, metrics, and tools included and facilitate improved understanding of food systems approaches to improve diets in program design and implementation.
- Food processing, specifically work with small- and medium-scale enterprises is a promising approach to working through food systems to improve diets. USAID Advancing Nutrition laid important groundwork including a [landscape assessment](#) of Feed the Future activities, interviews with food processors, and exploration of multiple entry points for investment (the regulatory environment, private sector engagement, considerations of environmental impact, and resilience). The internal and external briefs prepared should serve as building blocks for future investment.
- Youth engagement in the food system remains an important consideration for any food systems programming. USAID should continue to explore how young people [influence](#) and are influenced by food systems changes.
- Prioritize private sector engagement through a food systems approach for nutrition, as this will strengthen both food process and youth engagement opportunities.
- While the USAID community has rapidly advanced food systems thinking in the context of its programming, many other development partners and researchers have also made significant strides. USAID should remain a collaborative partner and consider how it is uniquely placed to provide support to governments navigating the food systems dialogue for their unique country contexts.

Nutrition in Humanitarian Contexts

- Despite a shift globally in favor of unconditional cash transfers to support nutrition in emergencies and recovery, there are [important constraints](#) on the duration, amounts, targeting, and scope of unconditional transfers; transfer amounts are too small and too short in duration to protect nutrition of vulnerable segments of a population. USAID BHA and other stakeholders working in humanitarian contexts need to improve ways to program resources to protect nutrition in emergencies. Additional implementation research may be required to test potential approaches.
- Opportunities for testing how to strengthen nutrition programming in emergency contexts include—
 - Greater efforts to not only integrate [complementary feeding](#) programming in emergencies, but to protect complementary feeding could be a means to mitigate and reduce child wasting in emergency contexts.
 - While there is a push to invest in global mechanisms to provide ready-to-use therapeutic foods and supplements, significant [supply chain challenges](#) must be addressed in the last-mile delivery of these products, especially in fragile contexts.
 - Supply chain issues have also led to an increased focus on the use of [local foods](#) to prevent and treat moderate wasting, but efforts are needed to develop minimum standards of care in the management of moderate wasting using local foods.
- RFSAs implementing partners are grappling with the challenges of sustainability and program exit strategies in fragile contexts that require significant adaptation over the life of an award. Transition from BHA-supported resource transfers to local food-based alternatives is a continued challenge that requires careful consideration at the onset of an award to assess what is feasible and sustainable over the long-term.
- BHA may want to consider strengthening the RFSAs requests for applications by integrating references to USAID Advancing Nutrition’s materials focused on prioritizing behaviors for quality and [fit-for-purpose SBC](#), building in sustainability considerations into the initial prioritization and analysis of SBC areas, considering the sustainability of community volunteers in the context of RFSAs and the feasibility of using local food-based approaches to improve women’s and children’s dietary diversity.
- Globally, there is growing interest and evidence to support the [engagement of family members](#), including men, to support improved MIYCN—in all contexts. However, this engagement needs to be done thoughtfully and with do no harm principles at its core. USAID should consider supporting programs to engage men and other family members with these principles in mind.

Nutrition Governance

- Support to multi-sectoral nutrition governance requires a strong commitment, sense of ownership and point of leadership from governments to sustain efforts within and across the range of relevant sectoral departments and ministries. While nutrition governance strengthening can be done from the top down (national to local) or from the bottom up (local to national), a clear vision, pathway/map and documented roles, responsibilities and timelines are critical to success. From this lesson, it is recommended that USAID continue to work closely with Scaling Up Nutrition and facilitate efforts directly with governments of priority nutrition countries to document and share better practices as well as challenges so that countries might adapt and learn from each other.

- To the extent possible, systems for planning, implementing, and sustaining nutrition governance—from policy development through implementation, monitoring and financing—should build on the use of existing platforms for coordination and communications across sectors, departments and ministries, rather than creating new collaboratives or working groups in order to reduce meeting burdens and to more easily facilitate engagement. However, it is important to assess these platforms’ strengths and address their gaps and weaknesses. Also, clear terms of reference for coordination bodies should also be co-created to boost accountability for results and help clarify roles and mandates of the different institutions for more active engagement and better results.
- Digital tools can facilitate the collection and use of nutrition data by multiple sectors, incorporating nutrition indicators into national health information systems and monitoring plans. Creating nutrition scorecards and financial tracking tools encourages the use of nutrition data for planning and budgeting purposes. However, availability of and access to relevant data—and, as important—skills and capacities in use of data remain challenging at all levels. Greater investment in use of data by governments and government advisors is needed. To the extent possible, identifying nutrition indicators that multiple sectors can collect and use is also critical to promoting agreement among and across stakeholders.

Localization

- USAID Advancing Nutrition’s work with local organizations demonstrated that mentoring and coaching, document and policy review, and facilitating connections and relationships with other peers and strategic actors were most effective for cultivating lasting change within organizations and building skills of specific staff members. One-off training was useful, but often did not have the needed depth to guide organizations trying to overcome more complex challenges that are specific to their context. Our strengths-based approach also developed trust with local organizations and encouraged their ownership over the process. From this learning, our [recommendations](#) include—
 - Work with local partners doing nutrition programming should focus on strengthening both organizational systems and technical skills using organizational capacity assessments in rapid cycles, rather than a cumbersome process at the beginning and end of the activity.
 - From the outset, collaboratively establish and monitor clear goals, outcomes, and milestones that provide a path for the local partner to be capable of receiving and reporting on responsible, planned use of direct donor funding.
 - Adopt a systems lens to address broader constraints that local organizations face (e.g., by facilitating linkages with funders and government decision-makers and fostering networks with peer organizations).
- [Measurement of capacity strengthening](#) is an important research area that requires greater investment. Specifically, tools and guidance for how to effectively measure capacity strengthening methods and interventions and to more clearly articulate the results of capacity strengthening efforts are needed.
- Mentorship is an important approach for building more complex, context-specific skill sets and is underutilized at the country level. As USAID looks toward increasing localization and supporting effective change, it will be a key tool. However, the design, testing, measurement, and scaling of mentorship programs takes a significant investment of time from stakeholders at every level and programs should be planned carefully.

Social and Behavior Change

Together with USAID, we identified key [strategic SBC focus areas](#) to better achieve intended social and behavior change in nutrition programming, and specifically [SBC in fragile contexts](#). To continue to support each of these four areas—

- Accelerate quality implementation through greater use of [behavioral science](#) and newer approaches from the private sector. Applying these approaches will require—and benefit from—implementation research to test and generate evidence on how to adapt the approaches to achieve results for nutrition.
- Study and learn what works to engage community members as active agents of change and innovators of local solutions.
- Offer nutrition SBC capacity strengthening to national and local leaders, champions, and early adopters of nutrition SBC fundamentals to improve technical assistance delivery and strengthen skills of local providers.
- Employ a systematic health and nutrition workforce development approach to strengthen capacity, starting by assessing nutrition SBC competencies, and use a mix of approaches to meet identified gaps.
- Establish close collaboration between [M&E and SBC experts](#) and teams to ensure cross-team work at each step and reflect social and behavior change in results frameworks or theories of change and M&E plans.
- Use responsive feedback approaches to iteratively track and evaluate changes in priority nutrition-related behaviors and factors, including social norms.
- In nutrition sustainability plans, identify and distinguish between types of behaviors, what is required for maintenance of these and further prioritize and design activities in a way that will lead to their sustained use.
- Expand the use of behavioral science to scale quality implementation and innovations.

Anemia and Micronutrient Malnutrition

- Engaging stakeholders to obtain feedback on parameters, results, and processes is important when assessing diets, markets, and diet cost to inform [LSFF programming](#).
- To obtain more precise [hemoglobin measurements](#) and thus more accurate estimates of anemia prevalence, we recommend: 1) using venous blood; 2) for each HemoCue used, calculate the machine-specific bias by processing a small number of venous blood samples on both the HemoCue and an autoanalyzer and estimating the bias; and 3) adjusting hemoglobin measures to account for the bias introduced by HemoCue machines. The accuracy and precision of hemoglobin measures obtained using pooled capillary blood samples could be improved if these samples are obtained by highly trained personnel. However, more research is needed to identify, test, and recommend blood sample collection procedures that would improve the quality of hemoglobin measurement obtained through household surveys using pooled capillary blood.
- USAID Advancing Nutrition updated the longstanding estimate of two billion people worldwide experiencing micronutrient deficiencies, and we now [estimate](#) that about 1.4 billion women of reproductive age and children under five experience micronutrient deficiencies. However, a lack of data on micronutrient status of many population groups (i.e., men aged 15–49, school-aged children, and the elderly) make it impossible to arrive at an accurate global estimate. We recommend periodic revision of the estimate for women of reproductive age and children under

five, using the methodology published in the *Lancet Global Health* to understand global progress in addressing micronutrient deficiencies. We also recommend increased investment in the collection and analysis of micronutrient status data for other population groups.

- Many areas of nutrition measurement need more investment to develop and refine methods that are both simple and robust and to train local practitioners and researchers in these methods for, for example, dietary measurement, micronutrient intake, and estimating the potential effects of LSFF programs.

Collaborating, Convening, and Sharing

- Representing the various perspectives and addressing specific needs across USAID's diverse nutrition stakeholder on one website meant to represent the whole of USAID's nutrition work is a challenge and requires engagement across operating units and teams at the outset of design and throughout implementation.
- The project monitoring plan should be developed with communication as a key consideration to articulate impact for broad audiences and allow results to be presented in compelling ways.
- Multilingual convenings add cost and complexity but are an essential component of inclusion and reaching global audiences; they require careful coordination and both translation of resources and simultaneous interpretation to be most effective.
- Translating resources into multiple languages should be a standard practice when providing technical assistance or reaching global audiences but requires time and effort for careful review to ensure language is consistent and appropriate.
- Words matter. It is essential for development practitioners to embrace people-first language that is conscientious of context and fosters equity.
- Knowledge management is a technical field that helps ensure findings are understood and shared.
- More implementation science is needed to understand how programs work in different environments. This requires a mixed methods skill set and investment over an appropriate time frame, with research phases occurring alongside program implementation that ideally lasts for at least two years.
- Monitoring, evaluation, research, and learning (MERL) training was desired among staff and partners. Early on, assess current skill levels, what is needed, and how to meet those needs, ideally with a CLA-type of ongoing response.
- Continue to experiment with evaluation designs that are robust while considering the complexity of nutrition programs in different contexts. Data visualization is an important tool for conveying complex information and deserves investment.
- As part of activity planning, identify activities needing MERL support and the staff who can support them as early as possible. Integrate staff with MERL into activity teams to participate regularly in discussions.
- Ensure that a wide range of MERL support is available with staff who have skills and experience in all types of qualitative and quantitative research, conducting surveys, calculating statistics, managing and visualizing data, writing manuscripts and publishing findings, project M&E and reporting, CLA, and facilitating MERL skill exchanges with local partners and research institutions.
- Adopt a process of internal CLA to ensure continuous learning.

Annex I. Key Evidence and Learning Generated

Since 2018, USAID Advancing Nutrition has worked to improve the measurement of healthy diets, micronutrient status, and the burden of micronutrient deficiencies in global and local contexts. We have also conducted rigorous research to guide implementation and contribute evidence for nutrition interventions to a global audience. Table 1 lists the project’s major research activities. We published the findings from many research activities and learning from implementation experiences. Table 2 lists the manuscripts USAID Advancing Nutrition published in peer-reviewed journals as of November 2023.

Table 1. USAID Advancing Nutrition Major Research Activities

Lead Team	Description of Research	Type of Research
Nutrition and Health Systems	Strengthen promotion in growth monitoring and promotion in Ghana and Nepal	Case study
Nutrition and Health Systems	Strengthening community health volunteer service delivery in Kenya	Formative research
Early Childhood Development	Testing and refining the Responsive Care and Early Learning Addendum in the Kyrgyz Republic and Ghana	Implementation research
Food Systems	Testing and refining a guide to generating demand for healthy diets	Implementation research
Food Systems	Food environment methods, tools, and metrics to support healthy diets	Implementation research
Food Systems	Identifying and testing measures of consumer demand for healthy diets	Implementation research
Nutrition and Health Systems	Strengthening breastfeeding counseling through mentorship in Kenya	Implementation research
Nutrition and Health Systems	Strengthening political will and accountability for BFHI in Malawi and the Kyrgyz Republic	Case study
Monitoring, Evaluation, and Learning	Association of vitamin B2 (riboflavin) and anemia in children and their mothers in Lao People’s Democratic Republic	Data analysis

Lead Team	Description of Research	Type of Research
Monitoring, Evaluation, and Learning	Updated estimates of people living with micronutrient deficiencies	Data analysis
Food Systems	Testing and refining a methodology to assess diets, markets, and costs of adequate diets to inform LSFF and broader nutrition programming	Implementation research
Monitoring, Evaluation, and Learning	Hemoglobin measurement studies manuscript and dissemination	Laboratory protocol validation
Monitoring, Evaluation, and Learning	Analyze HCES data in Tanzania, strengthen capacity in its analysis and use, and test HCES inferences in Malawi	Data analysis
Monitoring, Evaluation, and Learning	Comparing dietary data collection methods for assessing MDD for children in Cambodia and Zambia	Population-based surveys and data analysis
Food Systems	Applicability of Diet Quality Questionnaire at subnational levels	Data analysis
Nutrition in Humanitarian Contexts	Qualitative study on the last mile delivery of ready-to-use therapeutic food in the Democratic Republic of Congo	Qualitative study
Nutrition in Humanitarian Contexts	Case studies on complementary feeding in emergency programming in Yemen and Myanmar	Case study
Nutrition in Humanitarian Contexts	Supplemental nutrition assistance sub-sector review	Qualitative study
Nutrition in Humanitarian Contexts	Testing the acceptability of an enriched flour blend in Niger	Acceptability study
Nutrition in Humanitarian Contexts	Factors influencing nutrition outcomes from agriculture interventions in protracted emergencies (Cameroon and South Sudan)	Data analysis and mixed methods
Early Childhood Development	Conduct implementation research to build evidence around early childhood development integration into a nutrition delivery system in Mozambique	Implementation research with impact evaluation

Lead Team	Description of Research	Type of Research
Social and Behavior Change	Implementation research using a human-centered design approach on quality of peer groups in Zimbabwe and Malawi	Implementation research
Monitoring, Evaluation, and Learning	Support to Tanzania Food and Nutrition Centre to conduct dietary intake study and qualitative study on food preferences	Population-based surveys and qualitative study
Monitoring, Evaluation, and Learning	Implementation research on fortification in Uganda	Implementation research
Nutrition and Health Systems	Determinants of maternal diet quality in Kyrgyz Republic	Data analysis
Kyrgyz Republic office/ Monitoring, Evaluation, and Learning	Impact evaluation of intervention to improve women's and children's nutrition	Impact evaluation
Monitoring, Evaluation, and Learning	What do subsequent passes add in a multiple-pass dietary recall assessment?	Data analysis
Kyrgyz Republic office	Exploring gender roles and norms related to nutrition practices, including husbands' engagement and women's empowerment	Qualitative study
Niger office	Factors influencing iron folic acid and vitamin supplementation and consumption of vitamin A- and iron-rich foods among women of reproductive age, adolescent girls, and children under five	Qualitative formative research
Nigeria office	Factors influencing dietary practices of adolescent girls and boys	Qualitative formative research
Nigeria office/Social and Behavior Change	Factors influencing consumer demand	Qualitative formative research

Lead Team	Description of Research	Type of Research
India office	Factors affecting the target population, including women and adolescent girls, from adopting key nutrition-sensitive agriculture and diet-related behaviors and to solicit input on preferred activities for addressing those factors	Qualitative formative research

Table 2. USAID Advancing Nutrition Peer-Reviewed Publications (as of January 31, 2024)

Lead Team	Title	Journal
Monitoring, Evaluation, and Learning	Risk Factors for Anemia among Women and Their Young Children Hospitalized with Suspected Thiamine Deficiency in Northern Lao People’s Democratic Republic	Maternal & Child Nutrition
Monitoring, Evaluation, and Learning	Exploring the Anemia Ecology: A New Approach to an Old Problem	The Journal of Nutrition
Monitoring, Evaluation, and Learning	Biology of Anemia: A Public Health Perspective	The Journal of Nutrition
Monitoring, Evaluation, and Learning	Improving Anemia Assessment in Clinical and Public Health Settings	The Journal of Nutrition
Monitoring, Evaluation, and Learning	Approaches to Address the Anemia Challenge	The Journal of Nutrition
Nutrition and Health Systems	Building the Competency of Health Professionals in the Kyrgyz Republic for the Baby-Friendly Hospital Initiative	Maternal & Child Nutrition
Early Childhood Development	Promoting Responsive Care and Early Learning Practices in Northern Ghana: Results from a Counseling Intervention Within Nutrition and Health Services	Public Health Nutrition
Food Systems	Generating Demand in Public Sector Nutrition Programmes: A Way Forward	Emergency Nutrition Network
Social and Behavior Change	Measuring the Intangible Resources Caregivers Need to Provide Nurturing Care During the Complementary Feeding Period: A Scoping Review in Low- and Lower-Middle-Income Countries	Public Health Nutrition

Lead Team	Title	Journal
Food Systems	Assessing the Performance of National Sentinel Food Lists at Subnational Levels in Six Countries	Public Health Nutrition
Monitoring, Evaluation, and Learning	Estimating Minimum Dietary Diversity for Children Aged 6–23 Months: A Comparison of Agreement and Cost of Two Recall Methods in Cambodia and Zambia	Public Health Nutrition
Social and Behavior Change	Barriers to Child Feeding during and After Illness in the Democratic Republic of the Congo: Results from a Qualitative Study Through the Lens of Behavioral Science	Public Health Nutrition
Early Childhood Development	Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review	PLoS Global Public Health
Nutrition and Health Systems	Learning from Health System Actor and Caregiver Experiences in Ghana and Nepal to Strengthen Growth Monitoring and Promotion	PLoS One
Nutrition and Health Systems	Determinants of Maternal Diet Quality in Winter in the Kyrgyz Republic	Global Health: Science and Practice
Monitoring, Evaluation, and Learning	Micronutrient Deficiencies among Preschool-Aged Children and Women of Reproductive Age Worldwide: A Pooled Analysis of Individual-Level Data from Population-Representative Surveys	Lancet Global Health
Nutrition and Health Systems	Implementing Two National Responsibilities of the Revised UNICEF/WHO Baby-Friendly Hospital Initiative: A Two-Country Case Study	Maternal & Child Nutrition
Nutrition and Health Systems	Health professional competency building for the Baby-Friendly Hospital Initiative in Malawi	Maternal & Child Nutrition
Monitoring, Evaluation, and Learning	Exclusive Breastfeeding: Measurement to Match the Global Recommendation	Maternal & Child Nutrition
Food Systems	Nutrition Modeling Tools: A Qualitative Study of Influence on Policy Decision Making and Determining Factors	Annals of the New York Academy of Sciences
Monitoring, Evaluation, and Learning	Systematic Review of Metrics Used to Characterize Dietary Nutrient Supply from Household Consumption and Expenditure Surveys	Public Health Nutrition

Lead Team	Title	Journal
Monitoring, Evaluation, and Learning	Evaluation of Global Experiences in Large-Scale Double-Fortified Salt Programs	The Journal of Nutrition
Social and Behavior Change	Experiences Engaging Family Members in Maternal, Child, and Adolescent Nutrition: A Survey of Global Health Professionals	Current Developments in Nutrition
Monitoring, Evaluation, and Learning	Household-level Consumption Data Can Be Redistributed for Individual-Level Optifood Diet Modeling: Analysis from Four Countries	Annals of the New York Academy of Sciences
Food Systems	Suitability of Data Collection Methods, Tools, and Metrics for Evaluating Market Food Environments in Low- and Middle-Income Countries	MDPI
Monitoring, Evaluation, and Learning	Modeling Food Fortification Contributions to Micronutrient Requirements in Malawi Using Household Consumption and Expenditure Surveys	Annals of the New York Academy of Sciences
Social and Behavior Change	Engaging Family Members in Maternal, Infant, and Young Child Nutrition Activities in Low- and Middle-Income Countries: A Systematic Scoping Review	Maternal & Child Nutrition
Monitoring, Evaluation, and Learning	Comparing Costs and Cost-Efficiency of Platforms for Micronutrient Powder Delivery to Children in Rural Uganda	Annals of the New York Academy of Sciences
Social and Behavior Change	Exploring the Influence of Social Norms on Complementary Feeding: A Scoping Review of Observational, Intervention, and Effectiveness Studies	Current Developments in Nutrition
Monitoring, Evaluation, and Learning	The Impact of Nutrition-Specific and Nutrition-Sensitive Interventions on Hemoglobin Concentrations and Anemia: A Meta-Review of Systematic Reviews	Advances in Nutrition
Social and Behavior Change	Mixed-Methods Systematic Review of Behavioral Interventions in Low- and Middle-Income Countries to Increase Family Support for Maternal, Infant, and Young Child Nutrition during the First 1,000 Days	Current Developments in Nutrition

Annex 2. Global Influence

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Updated nutrition-sensitive agriculture design guide	<p>Food and Agriculture Organization Kenya and Ministry of Agriculture and Livestock Development Kenya</p> <p>University of Iowa</p>	<p>Kenya, world</p> <p>United States, world</p>	<p>Used the nutrition-sensitive agriculture design guide to develop a training package on nutrition-sensitive agriculture and food systems programs facilitator’s guide and national training package on nutrition-sensitive agriculture and food systems programming technical manual</p> <p>An undergraduate student at the University of Iowa is doing an independent research project on the impacts that knowledge products on nutrition-sensitive agriculture developed by SPRING and USAID Advancing Nutrition have had on shaping NGO capacity in South Asian and sub-Saharan African countries.</p>	Curriculum/ training package
Prioritizing Multi-Sectoral Nutrition Behaviors tool	Centre for Behaviour Change and Communication Africa	Kenya, world	<p>Center for Behaviour Change and Communication Africa used the Prioritizing Multi-Sectoral Nutrition Behaviors tool as part of our programming in the following programs:</p> <ul style="list-style-type: none"> • adolescent integrated program: to narrow down behaviors of focus for well-being initiatives • agricultural program: to increase awareness and promote safe use of pesticides to ensure food safety and sustainable practices among smallholder farmers. 	Tool

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
RCEL Addendum	Ministry of Health in Mozambique WHO and UNICEF USAID	Mozambique , world Switzerland, world United States, world	The MOH, with support from UNICEF Mozambique, is integrating two cards from the <i>RCEL Addendum</i> into their revised IYCF package. <i>RCEL Addendum</i> linked in Annex 1, Table A2 of a practical guide on strengthening nurturing care through health and nutrition services Strengthen IYCF programming by incorporating responsive caregiving counseling, including responsive feeding, early learning, and caregivers’ well-being in nutrition services to support ECD objectives	Tool
Technical content for a nurturing care thematic brief on nutrition	WHO and UNICEF	Switzerland, world	USAID Advancing Nutrition hired a consultant and participated as reviewers and co-authors for a thematic brief on nurturing young children through responsive feeding (part of the work plan in PY4)	Technical product
Anemia Task Force Report	World Health Organization	Switzerland, world	WHO’s Nutrition and Food Safety team cited the “Anemia in Pregnancy” in <i>Accelerating Anaemia Reduction: A Comprehensive Framework</i> . (page 20, reference 27). The contributions of Denish Moorthy, senior technical advisor at USAID Advancing Nutrition, and activity manager, have been acknowledged in the report (page vi). In addition, WHO leads the Anaemia Action Alliance, which is a collaboration between international and national organizations, to put the framework into action. Moorthy has been invited to chair the National Integrated Anaemia Action working group of the Alliance.	Report

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Manuscript on micronutrient deficiency estimates	World Health Organization Micronutrient Forum	Switzerland, world The Netherlands, world	The new World Health Assembly resolution to accelerate efforts on food micronutrient fortification cited the revised micronutrient estimates. Described the results as “the most rigorous assessment to date” and used the results to issue a press release as well as a call to action to address micronutrient deficiencies and the gaps in micronutrient data. They also hosted a panel discussion and a series of chats to discuss the new estimates.	Manuscript/ journal article
Nutrition policy marker resources	SUN	Switzerland, World	The three nutrition policy marker resources intended for an external audience are available on the SUN website. They will also be available on the USAID Advancing Nutrition and Results for Development website. We shared them with the SUN Donor Working Group for any relevant trainings or external advocacy conversations.	Tool
IYCF Image Bank	World Vision Ethiopia	Ethiopia, world	Used images to get ideas to design a counseling card set for nurturing care groups	Tool
Guide on social norms	CNFA/Yidgiri project University of North Carolina/Gikuriro Kuro Bose Save the Children/Kulawa	Burkina Faso, world Rwanda, world Niger, world	Used the guide to consult with communities about social norms that influence women’s diets Used the guide to integrate questions about social norms in an evaluation Used the guide to integrate social norms considerations in the SBC communication activities	Guidance document

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Brief on overcoming misconceptions about COVID-19 in nutrition	Global Child Feeding Task Force	United States, World	PATH used the brief to create a similar one for breastfeeding	Brief
Behavioral design on sick child feeding with Breakthrough ACTION	Catholic Relief Services	Kenya, World	Using the solutions in a RFSA in Kenya	Tool
Prioritizing Behaviors Tool	Catholic Relief Services USAID Office of HIV/AIDS	Ethiopia, World United States, world	Used the tool to prioritize behaviors for a RFSA across all sectors Used the prioritization tool to adapt to HIV programs	Tool
Social and Behavior Change Competency Assessment: Tool for Resilience Food Security Activities	Catholic Relief Services	Ethiopia, World	Used the SBC competency assessment for all staff to identify priorities and plan capacity strengthening activities	Tool
Nourishing Connections job aid	USAID Advancing Nutrition Ghana ECD work	Ghana, world	Included the opening questions from the human-centered design developed job aid in an integrated nutrition-ECD counseling algorithm	Tool
SBC competency list for CHWs	Catholic Relief Services	Ethiopia, world	Used the list to assess capacities of frontline workers	Guidance document
Food environment monitoring and evaluation guidance and tools	Innovative Methods and Metrics for Agriculture and Nutrition Actions	United Kingdom, world	Used draft food environment guidance materials to influence their own methods, metrics, and tools	Tool

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Democratic Republic of Congo coordination and collaboration, supply chain, and blanket supplementary feeding programming reports	BHA	United States, world	BHA has used this to inform changes to programming in the Democratic Republic of Congo.	Report
LNS evidence and guidance brief	UNICEF UC Davis/SQ-LNS Task Force World Bank	United States, world United States, world United States, world	UNICEF referenced the brief in their guidance note on SQ-LNS for children The Task Force has a website dedicated to SQ-LNS evidence and implementation learnings. USAID Advancing Nutrition’s brief appears under resources for implementation. World Bank referenced the brief in their Sahel Adaptive Social Protection Program Policy Note on recommendation for SQ-LNS implementation	Brief
Small Quantity Lipid-Based Nutrient Supplement Program Implementation: Learning and Considerations for Scale-Up from International Food Relief Partnership Partners in Honduras, Niger, and Somalia	USAID BHA	United States, world	Based on findings of the learning activity, BHA revised the IFRP request for applications, including extending the duration of award and making additional funds available to IFRP implementing partners for programming.	Report
Webinar: Programming SQ-LNS: Lessons Learned and Tools to Strengthen Programming	UC Davis/SQ-LNS Task Force	United States, world	USAID Advancing Nutrition’s webinar appears under resources for implementation on the SQ-LNS Task Force website.	Event/ webinar

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Mapping and Gap Analysis of Tools for Complementary Feeding in Emergencies	WHO	Geneva, world	WHO used the <i>Mapping and Gap Analysis of Tools for Complementary Feeding in Emergencies</i> for a situation analysis they are using to inform the implementation guidance (expected in May 2025) that will follow the recently released WHO complementary feeding guidelines. Alisa Preiss (WHO) mentioned this during a presentation at the Micronutrient Forum Global Conference.	Tool
Modality Decision Tool: Nutrition Addendum	BHA	United States, world	This <i>Modality Decision Tool: Nutrition Addendum</i> has been included in BHA's emergency guidance as a resource for implementing partner consideration.	Tool
USAID Nawiri Framework	BHA	United States, world	<p>This repository is serving as a collection of evidence on the drivers of and solutions to addressing persistent acute malnutrition. While it continues to inform the BHA-funded RFSAs in Kenya, it serves as a collection of evidence to inform other BHA funded RFSAs as well as other USAID bureaus working on wasting.</p> <p>During the project closeout event, the BHA representative based in the USAID Kenya Mission mentioned the Nawiri implementing partners are widely using this framework.</p>	Tool

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Landscape analysis report for the food fortification program in Uganda	Ministry of Health, NWGFF	Uganda, world	The Ministry of Health and the NWGFF are using the landscape analysis report as a resource to guide the policy and strategic decisions on the food fortification program. They have also used the document to guide prioritization of actions necessary for strengthening institutionalization of the food fortification program in Uganda by key institutions.	Report
Capacity Needs Assessment for Food Processors of Maize and Wheat Flours, Salt, and Edible Oils and Fats	Ministry of Trade Industries and Cooperatives, Ministry of Health, the Private Sector Foundation of Uganda and the NWGFF	Uganda, world	Following the capacity needs identified in the capacity needs assessment, the Ministry of Trade, Industries, and Cooperatives; MOH; and the Private Sector Foundation of Uganda worked with USAID Advancing Nutrition to develop training materials for theoretical and practical application of food fortification, trained a pool of master trainers, and food processors, especially in areas related to quality control and calibration of doses.	Technical product
Capacity Strengthening Plan for the National Working Group on Food Fortification in Uganda	Ministry of Health, NWGFF	Uganda, world	Following the development and dissemination of the CSP, the NWGFF has streamlined its functionality, starting with the finalization of the TOR for its member institutions. The CSP is being utilized to further strengthen coordination efforts by the NWGFF secretariat and resource mobilization.	Technical product

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Priority Actions for Strengthening Institutionalization of the Food Fortification Program	Ministry of Health, National Working Group on Food Fortification	Uganda, world	In line with the sustainability matrix, the Ministry of Health Nutrition Division held the first-ever NWGFF quarterly meeting after USAID Advancing Nutrition closed on August 21. This one indicator of sustaining the coordination efforts and gains as elicited from the document. In addition, the Ministry of Education and MOH received earmarked funding for Food Fortification activities in the fiscal year (FY)23/24 quarter I financial release.	Technical product
Market surveillance study report	NGO and civil society organization together with the NWGFF	Uganda, world	NGO and civil society organizations, the NWGFF, and the regulatory bodies will use the market surveillance study results to make informed policy actions to strengthen compliance to food fortification regulations and standards. The Mission has indicated that the results from the report will inform future food fortification investments in the country.	Report
Profiling and Industry Analysis of Fortified and Fortifiable Foods in Uganda	Ministry of Health, NWGFF	Uganda, world	The report provided a comprehensive profile and industry analysis of fortified and fortifiable foods. The report is currently being utilized by the MOH and the NWGFF stakeholders to understand the market for these foods and guide national strategic investments on LSFF.	Technical product
Business Models/Investment Case Model for Food Fortification in Uganda	Private Sector Foundation Uganda	Uganda, world	The report provides insights on business models/investment cases for food fortification and the private sector including fortifying food processing industries is using it to start food fortification to enable them to make informed decisions.	Technical product

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
The National Working Group on Food Fortification Terms of Reference	Ministry of Health, NWGFF	Uganda, world	The NWGFF TOR provides a harmonized mechanism to enhance effective coordination and implementation of activities among member institutions to realize impact in contribution to the reduction of micronutrient deficiencies in Uganda. It also provides insights on the different roles and mandates of the NWGFF and the sub-committees. The working group is currently operating under these ToR.	Technical product
County Multi-Sectoral Financial Tracking Tool	Kakamega, Kisumu and Kitui County Departments of Health; Agriculture; Education; Social Protection; and Water, Sanitation, and Hygiene (WASH)	Kenya, world	Kitui County had an Integrated Financial Management information tool for expenditure tracking across its departments. It was never specific to nutrition. USAID Advancing Nutrition supported the counties of Kakamega, Kisumu, and Kitui to adapt it to a county MSN financial tracking tool (FTT). The new tool (Excel) incorporated tabs of annual work plans for MSN sectors, identification of key nutrition intervention, approved yearly budgets and expenditures and partner contributions and management dashboard. Every quarter MSN departments utilize the FTT alongside the county MSN scorecard, to track performance and expenditure across sectors. Kakamega County demonstrated a need for increased budget allocation from KES 80 million to KES 200 million in FY 23/24 GOK budgets.	Tool

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
County Multi-Sectoral Nutrition Scorecards in Kenya	Kakamega, Kisumu and Kitui County Departments of Health, Agriculture, Education, Social Protection, and WASH	Kenya, world	MOH/Division of Nutrition and Dietetics had an existing Kenya Nutrition scorecard that had indicators for nutrition specific sectors. In partnership with MOH/DND and the African Leaders Malaria Alliance , USAID Advancing Nutrition facilitated customization/adaptation of the KNS to incorporate nutrition-sensitive sector indicators for performance tracking and accountability at the subnational level. In FY21, we identified common MSN indicators for tracking across the sectors of health, agriculture, education, WASH, and social protection. Kakamega, Kisumu, and Kitui Counties held quarterly performance reviews for FY 21–23 using the scorecard. This has led to increased awareness of MSN sectors and actors on nutrition and they have used it to advocate for budget allocations with MSN financial tracking tools. (e.g., established an agri-nutrition unit in Kitui County and deployment of home economics staff)	Tool
Maternal, Infant, and Young Child Nutrition Training Manual	Federal MoH, State MoH, National Primary Health Care Development Agency, State Primary Health Care Development Agency	Nigeria, world	These ministries and agencies have adopted the MIYCN training manual to train frontline healthcare providers on maternal, infant, and young child nutrition service provision at federal, state, and down to the community level	Curriculum/ training package

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
SCFN Orientation Package	National Committee on Food and Nutrition, State Committees on Food and Nutrition	Nigeria, world	The SCFN orientation package provides an opportunity for committee members to receive training and develop a common understanding of what their roles are in the National/SCFN. This orientation package has been adopted by the SCFNs to train their members.	Curriculum/training package
Webinar	Results for Development	United States, world	Results for Development used our tools and process to share the development of nutrition financing strategy globally.	Tool
Planning and budgeting guidelines	PMO	Tanzania, world	USAID Advancing Nutrition supported development of planning and budgeting guidelines which are used annually to assist nutrition-sensitive sectors during planning and budgeting period	Strategy/planning document
The Nutrition Communications Strategy	Republican Center for Health Promotion	Kyrgyzstan, world	This document outlines a communications strategy for promoting healthy child nutrition in Jalal-Abad and Batken Oblasts from 2021–2024. The external goal includes objectives to educate parents, transform social norms, and provide role models. The internal goal aims to promote and change social norms within the organization and engage partners. The strategy is founded on proven health communication models and we will regularly review and discuss it to ensure its effectiveness. It emphasizes the critical impact of the first 1,000 days of a child’s life on their lifelong prospects.	Strategy/planning document

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
<p>Training modules:</p> <ol style="list-style-type: none"> 1. Exclusive breastfeeding (infants from 0–6 months) 2. Infant complementary feeding (children from six months) 3. Responsive care and feeding 4. Early learning through communication and play 5. Food storage 6. Dietary diversity for the whole family and reduction of junk foods 7. Anemia prevention and maternal nutrition 8. Family budget planning 9. Hygiene and sanitation <p>Module Toolkit combining all training modules</p>	<p>Republican Center for Health Promotion</p>	<p>Kyrgyzstan, World</p>	<p>Through a collaborative effort with RCHP of Kyrgyz Republic, the organization jointly created a set of training modules. These modules address essential subjects including exclusive breastfeeding, infant complementary feeding, responsive care, early learning, food storage, dietary diversity, anemia prevention, family budget planning, and hygiene and sanitation. These materials were then compiled into a module toolkit for the Republican Center for Health Promotion to use in addressing diverse health and nutrition challenges.</p>	<p>Curriculum/ training package</p>

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Animated video spots: <ol style="list-style-type: none"> 1. Social mobilization 2. Exclusive breastfeeding 3. Complementary feeding additional to breastfeeding 4. Dietary diversity for the whole family 5. Consequences of malnutrition 6. Planning family budget for improving family diet 7. Handwashing 	Republican Center for Health Promotion	Kyrgyzstan, World	These animated video materials were created as part of the project, and after receiving approvals from the RCHP, they have played a pivotal role in reinforcing essential health and nutrition messages. We will transfer these valuable resources to the RCHP for their ongoing use in promoting public health awareness and education.	Technical product

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
<p>Published printed materials:</p> <ol style="list-style-type: none"> 1. Health and intelligence start from breast milk (booklet) 2. Hygiene and sanitation main rule (booklet) 3. Complementary feeding from six months up to two years old with love and care (brochure) 4. Maternal nutrition and iron-folic acid supplementation (booklet) 5. Responsive care and feeding (brochure) 6. Early development through play and communication (brochure) 7. Food Storage book (rebranded from SPRING) 8. Recipe book (rebranded from SPRING) 	<p>Republican Center for Health Promotion</p>	<p>Kyrgyzstan, world</p>	<p>These printed materials, developed as part of the project, have received approval for use by the RCHP. Project activists effectively utilized these materials to disseminate key health and nutrition messages to the population. We will transfer these resources to the RCHP for their continued use in promoting public health awareness and education.</p>	<p>Technical product</p>

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
Infographics as training aid: <ol style="list-style-type: none"> 1. Malnutrition of children 2. Handwashing is a basis for well-being 3. Benefits of breastfeeding for mothers and children 4. Complementary feeding 5. 1,000-day window of opportunity 	Republican Center for Health Promotion	Kyrgyzstan, world	These infographics have been thoughtfully designed to communicate vital health and nutrition information effectively. After receiving approval for use by the RCHP, project activists employed them to enhance training and education efforts. We will transfer these informative infographics to the RCHP for their ongoing use in promoting public health awareness and education.	Technical product
Posters for health facilities: <ol style="list-style-type: none"> 1. Exclusive breastfeeding 2. Complementary feeding 3. Development of children under two years old 4. Danger signs 5. BFHI 	Republican Center for Health Promotion	Kyrgyzstan, world	The project created a series of informative posters tailored for health facilities. They received approval from the RCHP and have been prominently displayed in health facilities across three regions: Batken, Jalal-Abad, and Issyk-Kul. They serve as valuable visual aids in conveying important health and nutrition messages to both healthcare providers and patients, contributing to enhanced awareness and education within these regions.	Technical product
Training materials for health workers: <ul style="list-style-type: none"> • National Anemia Clinical Guideline, available at hospital and primary health care levels • National Anemia Clinical Protocol 	Ministry of Health of Kyrgyz Republic	Kyrgyzstan, world	These materials, approved by the Ministry of Health and developed jointly with the medical community, are an integral part of the daily operations of healthcare professionals. They provide essential guidance for diagnosing and treating anemia, continuously improving counseling skills and service quality among health workers.	Curriculum/ training package

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
<ul style="list-style-type: none"> • Training Guideline on Anemia for (1) for trainers; (2) for trainees. (from SPRING) 				
<ul style="list-style-type: none"> • Training Guideline on IYCF for (1) for trainers; (2) for trainees. • IYCF during COVID-19 Brochure (UNICEF) • Counseling cards on IYCF 	Ministry of Health of Kyrgyz Republic	Kyrgyzstan, world	<p>These materials, collaboratively developed with the medical community, have gained the approval of the Ministry of Health. They have been integrated into the daily practices of healthcare professionals and become indispensable resources. The training guideline on IYCF equips health workers with updated nutrition recommendations and counseling skills for improved service quality. The IYCF during COVID-19 brochure (from UNICEF) offers vital guidance, particularly during the pandemic, with messages updated to incorporate essential precautions. Lastly, the counseling cards on IYCF provide practical support for health workers in delivering crucial information on IYCF. These materials collectively enhance staff capacity to deliver high-quality services and information to the community.</p>	Curriculum /training package
Training guideline on BFHI for (1) for trainers; (2) for trainees	Ministry of Health of Kyrgyz Republic	Kyrgyzstan, world	<p>The training guideline on BFHI, developed in collaboration with the medical community and aligned with recommendations from WHO and UNICEF, has been integral to the organization's efforts. This guideline is used to train health workers in implementing BFHI. It has been pivotal in improving counseling skills and service quality for mothers and infants.</p>	Curriculum/ training package

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
<ul style="list-style-type: none"> RCEL Addendum training package RCEL Addendum counseling cards 	Ministry of Health of Kyrgyz Republic	Kyrgyzstan, world	<p>This initiative represents a collaborative effort of the Technical Advisory Group and the USAID Advancing Nutrition team. The project successfully adapted and tested the <i>RCEL Addendum</i> training package and <i>RCEL Addendum</i> counseling cards to align with the Kyrgyz context. Subsequently, this program was integrated into the Kyrgyz Medical Institute on professional retraining as a component of its post-graduate curriculum within the Family Medicine Department. This collaborative work underscores the commitment to enhancing medical education and empowering healthcare professionals with essential skills and relevant knowledge.</p>	Tool
<ul style="list-style-type: none"> Food pyramid Iron supplements intake reminder card for pregnant women 	Ministry of Health of Kyrgyz Republic	Kyrgyzstan, world	<ul style="list-style-type: none"> Food pyramid: used for counseling adult patients on dietary diversity and focuses on foods rich with iron and folic acid to strengthen nutrition messages. Iron reminder card for pregnant women: given during sessions to remind them to take iron and folic acid 	Technical product
District-Level Nutrition and Resilience and Expenditure Analysis in Northern Ghana	District Assemblies and Nutrition Coordination Committees	Ghana, World	Districts stakeholders, particularly District Nutrition Coordination Committees, used the report to advocate increased budget for food and nutrition interventions in the medium-term development plans of 17 districts in northern Ghana	Report

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
IYCF Image Bank	PPHI Sindh Pakistan GDHF Vietnam Civil Society Scaling Up Nutrition in Nigeria International Medical Corps Rural infrastructure and human resource development organization National Institute of Nutrition SPOON Inuulitsivik health centre Grandmother Project: Change through Culture Liggins Institute, University of Auckland	Pakistan, world Vietnam, world Nigeria, world United States, world Pakistan, world India, world United States, world Canada, world Senegal, world New Zealand, world	Organization is using the images to develop counseling cards, briefs, and presentations	Tool

Name of the Deliverable	Name of Organization	Based	How the Organization Used or Adopted the Deliverable or Has Otherwise Been Influenced by the Deliverable	Deliverable Type
IYCF Image Bank	Medical Teams International	United States, world	Organization is using the images to develop counseling cards, briefs, and presentations	Tool
	South African Department of Health	South Africa, world		
	ideas42	United States, world		
	University of North Carolina, Chapel Hill	United States, world		
	United Nations Office for Project Services	Denmark, world		
	Food for the Hungry	United States, world		
	Action Against Hunger	United States, world		
	Fish Innovation Lab Samaki Salama project	Kenya, world		
	Holt International	United States, world		
UNICEF Laos	Laos, world			

Annex 3. Performance Indicators

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
P.9 # countries where national policies or plans for delivering integrated, sustainable nutrition-specific and/or nutrition-sensitive programs are developed or strengthened with support from USAID Advancing Nutrition						1	1	1	1		1	1	1	7
P.10 # countries where cross-sectoral planning and implementation processes are established or strengthened with support from USAID Advancing Nutrition			1			1	1	1	1			1	4	10
P.11 # organizations supported by USAID Advancing Nutrition (sum of organizations receiving any technical assistance from USAID Advancing Nutrition for either nutrition-specific or nutrition-sensitive policies, programs, interventions, and systems)														
Long term														
USAID/Washington Bureau													10	10
Host country government agency	34		156	87	1	4		4		10	6	3	37	342
NGO/implementing partner				5	1		1	2	1			1	71	82
Private sector firm			3									1		4
Educational institution			2	16									2	20

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Professional associations													4	4
Other		1	5	5		10							24	45
Short term														
USAID Missions													12	12
USAID/Washington Bureau													4	4
Host country government agency	6		38	60						8	9	9	22	152
NGO/implementing partner			6						4	1	4		35	50
Private sector firm	2									1		62	4	69
Educational institution				12							1	1	6	20
Professional associations												1	2	3
Other										2		1	10	13
Total: P.11	42	1	210	185	2	14	1	6	5	22	20	79	243	830
1.1.18 # organizations supported by USAID Advancing Nutrition to improve delivery of nutrition services within MIYCAN														
Long term														
USAID/Washington Bureau													1	1
Host country government agency	21		76		1	1		3		10	4		26	142
NGO/implementing partner					1		1	1					46	49
Private sector firm			3											3
Educational institution			2											2

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Professional associations													1	1
Other			5			5							5	15
Short term														
Host country government agency	6									7	8		7	28
NGO/implementing partner										1	4		8	13
Private sector firm	2													2
Educational institution											1			1
Total: I.1.18	29		86		2	6	1	4		18	13		94	257
I.1.19 # partnerships established or maintained with academic and education institutions, research institutions, private sector and/or civil society organizations for nutrition-specific related activities														
Memorandum of understanding													1	1
Contract		1					3						1	5
Other													29	29
Total: I.1.19		1					3						31	35
I.1.50: # short-term TA visits by USAID Advancing Nutrition to assist USAID Missions or partners in planning, assessment, or design of nutrition-specific interventions														
				2	1		1		3	3		1	14	25

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
1.2.20 # organizations supported by USAID Advancing Nutrition (subset: to improve the delivery of nutrition-sensitive interventions, including, food systems, food safety nutrition-sensitive agriculture, WASH, and ECD)														
Long term														
USAID/Washington Bureau													3	3
Host country government agency	5		156	32	1	4		1		10	6	3	16	234
NGO/implementing partner				5	1		1	1					18	26
Private sector firm			3									1		4
Educational institution			2	16									1	19
Other		1	5	5		10							4	25
Short term														
USAID Missions													12	12
USAID/Washington Bureau													3	3
Host country government agency	4		38	26						7	8	4	16	103
NGO/implementing partner			6							1	4		26	37
Private sector firm	2									1		62	4	69
Educational institution				12							1	1	3	17
Professional associations												1	2	3
Other										2		1	9	12

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Total: 1.2.20	11	1	210	96	2	14	1	2		11	13	69	117	567
1.2.21 # partnerships established or maintained with academic and education institutions, research institutions, private sector, and/or civil society organizations for nutrition-sensitive-related activities														
Memorandum of understanding					1									1
Contract		1			1		3						3	8
Other														
Total: 1.2.21		1			2		3						3	9
1.2.51: # short-term TA visits by USAID Advancing Nutrition to assist USAID Missions or partners in planning, assessment, or design of nutrition-sensitive interventions														
				3	1				2	3			6	13
1.3.22 # organizations that are using SBC tools, approaches or strategies that were developed with input from USAID Advancing Nutrition														
Host country government agency													2	2
NGO/implementing partner					2		4						32	38
Educational institution													3	3
Other													3	3
Total: 1.3.22					2		4						40	46

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
1.3.52: # short-term TA visits by USAID Advancing Nutrition to assist USAID Missions or partners in planning, assessment, or design of SBC strategies for nutrition programs													1	10
1.3.53: # of USAID Advancing Nutrition submitted deliverables for which a gender analysis was completed													66	66
1.48 # countries where the USAID Advancing Nutrition work plan includes the provision of nutrition interventions							1	1					2	4
1.49: # organizations supported by USAID Advancing Nutrition to conduct gender analysis to deliver more gender equitable nutrition programming														
Host country government agency	5		5		1		1	1		12				22
NGO/implementing partner			3							1				17
Total: 1.49	5		8		1		1	1		13				39
2.1.24: # pre-service and in-service nutrition training curricula developed or revised with support provided by USAID Advancing Nutrition														
In-service	1						3						5	9
Pre-service					6			1						7

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Total: 2.1.24	1				6		3	1					5	16
2.1.25 # individuals receiving nutrition-related professional training through USG-supported programs disaggregated by sex														
Male, Non-degree seeking trainee	208		2,464	272	17	214	241	158	2,912	2,151	102	134	2,185	11,058
Female, Non-degree seeking trainee	50		3,667	569	24,743	276	2,660	112	1,611	682	135	34	5,825	40,364
Male, New degree seeking trainee				46										46
Female, New degree seeking trainee				198										198
Male, Continuing degree seeking trainee										14				14
Female, Continuing degree seeking trainee										7				7
Total: 2.1.25	258		6,131	1,085	24,760	490	2,901	270	4,523	2,854	237	168	8,010	51,687
2.1.26 # service providers trained [with funds from the USAID Center for Children in Adversity] who serve vulnerable persons														
Male													2,065	2,065
Female													5,756	5,756
Total: 2.1.26													7,821	7,821
2.1.27 # organizations and/or service delivery systems strengthened with support provided by USAID Advancing Nutrition, by type														

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
USAID Missions													1	1
Host country government agency	1		1	1						1			22	26
NGO/implementing partner													6	6
Total: 2.1.27	1		1	1						1			29	33
2.1.28 # people trained in child health and nutrition through USAID Advancing Nutrition														
Male	208		2,464	318	2,464	214	241	147	2,912	2,165	87	134	2,095	11,002
Female	50		3,667	767	3,667	276	2,660	110	1,611	689	128	34	5,770	40,505
Total: 2.1.28	258		6,131	1,085	24,760	490	2,901	257	4,253	2,854	215	168	7,865	51,507
2.1.59 Average percentage point change in score between pre- and post-tests of participants of trainings														
Male	21.64%		27.07%	26.19%	13.20%	17.85%	22.44%	10.92%	12.44%	30.53%	12.08%	28.33%	14.78%	21.43%
Female	29.38%		29.06%	34.14%	15.04%	16.66%	29.82%	13.96%	13.29%	26.34%	28.49%	21.77%	15.88%	18.33%
Total: 2.1.59	23.61%		28.23%	31.92%	15.04%	17.15%	29.33%	12.09%	12.74%	29.48%	25.87%	27.00%	15.46%	19.04%
2.1.60 Average percentage post-test score among participants of USAID Advancing Nutrition														
Male	75.68%		75.15%	90.77%	77.44%	86.88%	61.46%	79.57%	82.75%	83.46%	73.33%	78.00%	75.60%	79.13%

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Female	92.79%		77.97%	90.96%	89.80%	86.86%	77.99%	81.91%	80.35%	81.38%	82.86%	76.89%	78.37%	85.99%
Total: 2.1.60	80.05%		76.77%	90.91%	89.80%	86.87%	76.89%	80.46%	81.89%	82.94%	81.33%	77.77%	77.31%	84.41%
2.1.61a # of participants who improved from pre- to post-test	46		7,308	796	15,614	312	2,590	250	2,832	2,874	22	163	4,533	37,340
2.1.61b % of participants who improved from pre- to post-test	90.20%		89.14%	92.34%	63.15%	70.27%	90.85%	82.51%	63.21%	95.86%	88.00%	97.02%	86.64%	74.18%
2.1.62a # of training participants with a post-test score >= 80%	26		4,494	762	21,875	355	1,835	195	3,531	2,166	16	101	2,797	38,153
2.1.62b Proportion of participants with >= 80% score on post-test	50.98%		54.80%	88.40%	88.47%	79.95%	64.32%	61.51%	78.82%	72.25%	64.00%	60.12%	53.39%	75.76%
2.2.28 # countries where USAID Advancing Nutrition supports analysis, dissemination or use of nutrition funding and budget allocation data			1			1					1		1	4
2.3.54 # countries where USAID Advancing Nutrition is supporting multi-stakeholder engagement and coordination	1					1		1	1			1	4	9
2.4.34: # short-term TA visits by USAID Advancing Nutrition to assist USAID Missions or partners for monitoring and evaluation					1	1					1	1	4	8
2.4.35 # organizations supported in planning, assessment or design of nutrition programs or strategies														
Long term														

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
USAID/Washington Bureau													4	4
Host country government agency	31		114	32	1	4		4		10	6	3	18	223
NGO/implementing partner				5	1		1	1	1			1	61	71
Private sector firm			3											3
Educational institution			2	16									2	20
Professional associations													1	1
Other		1	5	5		10							12	33
Short term														
USAID Missions													12	12
USAID/Washington Bureau													4	4
Host country government agency	6		38	26						8	8	9	14	109
NGO/implementing partner			6							1	4		27	42
Private sector firm	2									1			3	6
Educational institution				12							1	1	6	20
Professional associations												1	2	3
Other												1	10	13
Total: 2.4.35	39	1	168	96	2	14	1	5	1	22	19	16	176	564
2.4.55 # organizations supported by USAID Advancing Nutrition to improve the monitoring and evaluation of nutrition programs														
Long term														

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
USAID/Washington Bureau													5	5
Host country government agency	31		65	60		4		3		7	6	3	12	191
NGO/implementing partner					1		1	2					39	43
Private sector firm			3											3
Educational institution			2										1	3
Professional associations			5										4	4
Other						9							10	24
Short term														
USAID Missions													1	1
Host country government agency	6			34						3	9	1	3	56
NGO/implementing partner										1	4		4	9
Private sector firm	2													2
Educational institution											1		3	4
Total: 2.4.55	39		75	94	1	13	1	5		11	20	4	82	345
2.5.36 # short-term TA visits by USAID Advancing Nutrition to assist USAID Missions or partners in planning, assessment, or design of nutrition programs or strategies for multi-sectoral nutrition-related activities			2		2	2		1	1	5	1		6	20
3.2.40 # innovative nutrition interventions and technologies being adapted as a result of evidence													1	1

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
generated through implementation research														
3.2.41 # innovative nutrition interventions and technologies being tested using implementation research methods with support from USAID Advancing Nutrition													1	1
3.2.42 # technologies and tools under development	4									3		8	21	36
3.3.44 # documents developed/ revised with support from USAID Advancing Nutrition														
Peer-reviewed journal article	8			7									27	27
Technical report				4					2	4		10	33	64
Tool	1				1	2							24	32
Guidance Document	5			11					7	5	4	2	33	67
Policy Brief						1							5	6
Other				27	5	1			4	2	1	2	90	132
Total: 3.3.44	14			49	6	4			13	11	5	14	212	328
3.3.45 # evidence sharing events hosted by USAID Advancing Nutrition														
Brown bag				85									1	86
Conference						4				1			2	7
Other				127									0	127

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Webinar			2						1				61	64
Workshop	3		157	255	17	53		21	6	17		16	35	580
Expert consultation			1	9	2	2				3		14	20	51
Total: 3.3.45	3		160	476	19	59		21	7	21		30	119	915
3.3.47 # unique visitors to the USAID Advancing Nutrition website													224,284	224,284
3.3.56 # participants at evidence-sharing events hosted or supported by USAID Advancing Nutrition, by participant region and event type														
Brown bag				548									15	563
Conference						241				622			151	1,014
Other				2,965									0	2,965
Webinar			83						30				12,208	12,321
Workshop	187		7,863	2,180	750	2,489		655	149	1,436		805	790	17,304
Expert consultation			11	9	73	70				98		264	945	1,470
Total: 3.3.56	187		7,957	5,702	823	2,800		655	179	2,156		1,069	14,109	35,637
3.3.57 # oral and poster presentations delivered by USAID Advancing Nutrition staff at conferences														
Oral presentation													44	44
Poster presentation													25	25

Indicator Name and Associated Disaggregations	Burkina Faso	East Africa	Ghana	Honduras	India	Kenya	Kyrgyz Republic	Mozambique	Niger	Nigeria	Tanzania	Uganda	Global Activities	Total
Total: 3.3.57													69	69
3.3.58 # of total downloads from USAID Advancing Nutrition website														131,529
3.3.63 # of followers on USAID Advancing Nutrition's Twitter account														8,562
3.3.64 # of followers on USAID Advancing Nutrition's LinkedIn account														13,203
3.3.65 # of subscribers to USAID Advancing Nutrition's Constant Contact email list														17,404
3.3.66 # of social media impressions														
Twitter/X													822,157	822,157
Vimeo													130,454	130,454
LinkedIn													699,527	699,527
Total: 3.3.66													1,652,138	1,652,138
3.3.67 # of Vimeo Views													11,049	11,049

Annex 4. Knowledge Sharing Events

Webinar	Date	# of Attendees
Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child	July 10, 2019	104
Science Behind the First 1,000 Days	September 11, 2019	253
USAID Mission webinar: Designing for an Improved Diet Quality: An Overview of Tools to Understand Food Intake, Nutrient Inadequacies, and Data Gaps	September 25, 2019	53
Food Systems and Nutrition E-consultation: Emerging Evidence and Research Opportunities	November 12, 2019	260
Doing More with Less: Tools to Help Government's Optimize Nutrition Funding's Impact	February 19, 2020	117
Nutrition-Sensitive Agriculture Design Guide: Practical Guidance for Implementing Partners	February 26, 2020	232
Engaging Family Members for Improved Maternal and Child Nutrition in Low- and Middle-Income Countries	June 24, 2020	220
Can Food Systems Deliver Development Outcomes? Panel Discussion Webinar	June 25, 2020	108
Markets and Infrastructure: The Roles of Market Access in Shaping Diets in Bangladesh, Uganda, and Nepal	July 15, 2020	333
U.S. Government Global Nutrition Coordination Plan Webinar: Impact Evaluation of an Integrated Infant and Young Child Feeding—Micronutrient Powder Intervention on Biomarkers of Micronutrient Status Among Children 6–23 Months in Eastern Uganda: The Way Forward	July 21, 2020	229
Program Packages for Frontline Nutrition Services: How to Choose Them and How to Use Them	July 23, 2020	220
U.S. Government Global Nutrition Coordination Plan Webinar: Climate and the 1000 Days	July 30, 2020	250
Safeguarding Progress Toward Improved Nutrition During the COVID-19 Pandemic: USAID Partner Experiences Meeting 1	August 11, 2020	188
Safeguarding Progress Toward Improved Nutrition During the COVID-19 Pandemic: USAID Partner Experiences Meeting 2	August 13, 2020	71

Webinar	Date	# of Attendees
Environmental Enteric Dysfunction, WASH, and Nutritional Status of Women, Infants, and Young Children: Findings from Uganda, Sierra Leone, and Nepal	August 19, 2020	330
On the Journey to Self-Reliance: Transitioning Nutrition Financing from USAID to Domestic Resources	August 27, 2020	130
Novel Metrics to Support Research, Programming, and Policy in Agriculture, Nutrition, and Health: Findings from India, Nepal, and Ghana	September 16, 2020	321
Social Norms and Child Feeding Practices: What Do We Know?	September 23, 2020	260
U.S. Government Global Nutrition Coordination Plan Webinar: The Girls' Iron Folate Tablet Supplementation (GIFTS) Program: Impacts and Lessons Learned from 3 Years of an Integrated Anemia Control Program Among Adolescent Girls in Ghana	September 29, 2020	189
Competencies: The Building Blocks of Capacity Strengthening	February 3, 2022	228
Tanzania's New National Multi-Sectoral Nutrition Action Plan: What's New and Why?	February 16, 2022	259
Advancements in Understanding Breastmilk: Learning from the Breast Milk Ecology: Genesis of Infant Nutrition Project	March 23, 2022	410
Improving Feeding of Young Children During and After Illness: A Behavioral Design Approach Webinar	April 13, 2022	267
Population-Based Survey Data Use for Improved Nutrition Policies and Programs Webinar	May 18, 2022	322
Data for Infant and Young Child Feeding and Minimum Dietary Diversity for Women: Understanding New Guidelines, Evidence, and Survey Tools Webinar	June 14, 2022	611
Competencies: The Building Blocks of Capacity Strengthening—Webinar 2	August 2, 2022	204
Complementary Feeding in Emergencies: Presentation on Gap Analysis Report and Update on Case Studies	September 8, 2022	352
GNCP Webinar: Application of an Ecological Approach to Address Anemia: Report of the USAID Anemia Task Force	September 13, 2022	178
Competencies: The Building Blocks of Capacity Strengthening—Webinar 3	September 22, 2022	63

Webinar	Date	# of Attendees
Visualizing the Impact of COVID-19 on Nutrition Outcomes: Interactive Framework Tool Analyzes the Effects of Global Shocks on Nutritional Status	November 3, 2022	234
Supporting Children with Feeding Difficulties and Disabilities in Nutrition Programs: Tools for Action Webinar	November 30, 2022	293
GNCP 2.0 Webinar: Exploring the Anemia Ecology, Part II: Application of the Ecological Approach to Anemia Assessment—Experiences from the Field	February 28, 2023	383
More Nutrition Data, Please! Integrating Nutrition Indicators into Health Information System and Facility Assessments	April 4, 2023	423
What Does Nutrition Cost? New Resources in Costing Complex Nutrition Interventions	April 26, 2023	204
In Search of Better Anemia Estimates: USAID Advancing Nutrition’s Hemoglobin Measurement Project	May 17, 2023	280
Understanding Infant and Young Child Feeding Measurement: A Comparative Analysis of Data Collection Methods for Dietary Data	May 31, 2023	228
Elevating Nutrition in Pre-Service Training: A Competency-Based Tool to Assess Coverage of Nutrition Content	June 6, 2023	192
Global Nutrition Coordination Plan (GNCP) 2.0 World Food Safety Day: Strategies, Standards, and Regulations to Increase Access to Safe and Nutritious Foods	June 7, 2023	141
Promoting a Continuum of Care for Wasted Children: Lessons Learned from Democratic Republic of Congo	June 21, 2023	194
Overview of the 2023 Joint Malnutrition Estimates and Strengthening Anthropometric Data Collection to Improve Future Estimates	June 27, 2023	270
Strengthening the Capacity of Local Organizations for Nutrition Outcomes: Local Perspectives and Ways Forward Webinar	July 12, 2023	222
Enhancing Food Environment Assessment Tools for LMICs: Lessons from a Pilot Study in Liberia, Honduras, Nigeria, and Timor-Leste Webinar	July 20, 2023	231
The “So What:” Leveraging Evaluative Data to Adapt Social and Behavior Change Nutrition Programming Workshop	July 24, 2023	109
Programming Small-Quantity Lipid-Based Nutrient Supplements: Lessons Learned and Tool to Strengthen Implementation Webinar	July 26, 2023	165

Webinar	Date	# of Attendees
The Biomarkers of Nutrition for Development—Knowledge Indicating Dietary Sufficiency Project: Exploring the Nutritional Ecology of School-Aged Children Webinar	August 10, 2023	214
Behaviors for Better Complementary Feeding: A Recipe for Success! Webinar	August 17, 2023	259
Standardizing Content for Digital Tracking and Decision-Support Tools to Improve Growth Monitoring and Promotion Services Webinar	August 30, 2023	213
Sharpening our Tools: Refining our Approaches to Capacity Strengthening Design and Measurement	September 7, 2023	164
Accelerating Anaemia Reduction: The WHO Comprehensive Framework for Action and the Anaemia Action Alliance Webinar	September 12, 2023	307
Managing Moderate Wasting Using Local Foods: Learning from Case Studies in Nigeria, Senegal, and Uganda Webinar	September 21, 2023	484

Annex 5. Project Website Activity and Outreach

Users Accessing the USAID Advancing Nutrition Website

- USAID Advancing Nutrition had **370,904 sessions** with **224,284 users** from October 1, 2019, to November 20, 2023. A session is when a user engages actively with the website. Users had at least one session within the selected date range. This number of users includes both new and returning users.
- The project had **794,408 page views** (639,827 were unique page views) over the life of the project.
- **Users who are familiar with the site explore content more extensively.** Returning visitors to our site interact with the content for a longer period of time, spending more time on the website (average: **4 minutes, 07 seconds**), and viewing more pages (average: **2.78 pages**) per visit than new visitors (average: 1 minutes, 57 seconds and 1.8 pages).

Top Five Pages Viewed (excluding homepage)

1. [Multi-Sectoral Nutrition Resource Review](#) (50,176 unique page views)
2. [M&E Online Course Repository](#) (22,053 unique page views)
3. [USAID Nutrition Resource Hub](#) (19,481 unique page views)
4. [Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed](#) (19,200 unique page views)
5. [Adolescent Nutrition Resource Bank](#) (5,101 unique page views)

Downloads

Users downloaded **106,156 unique documents** and 149,783 in total. The **top five downloads** for this reporting period were—

1. Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed: 2,731
2. Stunting: Considerations for Use as an Indicator in Nutrition Projects: 2,350
3. Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators: 1,985
4. Designing Effective Nutrition-Sensitive Agriculture Activities Facilitator's Guide: 1,730
5. Focusing on Social Norms: A Practical Guide for Nutrition Programmers to Improve Women's and Children's Diets: 1,620

Outreach/Traffic to the Website

Approximately 62.71 percent of sessions on the site occurred outside of the United States. Visitors accessed the site from **196 countries**, with 25.88 percent of all sessions occurring in Africa and 18.93 percent in Asia.

Top Visitors to the Website by Country
United States
Kenya
India
Nigeria
Ethiopia
United Kingdom
Ghana
Uganda
Nepal
Netherlands

Top Visitors to the Website from Africa by Region	
East Africa	55%
West Africa	33%
North Africa	2%
Southern Africa	5%
Central Africa	4%

What Drives Users to the Site

- Sites that link to our website drove **6 percent of all traffic** to the website. The following websites were among those that linked to our website:
 - USAID
 - groups.io
 - linkedin.com
 - UNICEF
 - mail.google.com
 - community.datafornutrition.org
- Social media generated **8 percent** of all visits to the website.
- Organic search generated **42 percent** of all visits to the website.

Languages

- **Approximately 10 percent (37,090)** of all sessions to the website during this reporting period were from users with browsers set to a language other than English.

After English (270,189), the most common browser languages were **French** (11,471), **Spanish** (8,497), and **Russian** (2,688).

Annex 6. Child Health Task Force Accomplishments

August 1, 2019–December 31, 2023

Background

The Child Health Task Force (Task Force) is a global coalition of government representatives; implementing organizations; nongovernmental organizations; academic institutions; United Nations, multilateral, and bilateral agencies; in-country/global/regional partners; and individuals working together to support the delivery of high-quality child health services. Created in 2017, the Task Force aims to generate and disseminate evidence and support countries to implement equitable, comprehensive, and integrated programs that will lead to better outcomes for children ages 0–19 years, in line with the [Global Strategy for Women’s, Children’s, and Adolescents’ Health \(2016–2030\)](#). The Task Force builds on its origins as the Integrated Community Case Management (iCCM) of Childhood Illness Task Force, established in 2010 to advance community-based treatment for three major childhood killers: diarrhea, malaria, and pneumonia. The Task Force developed its first five-year strategic plan in 2021, titled [Ending Preventable Child Deaths: A Roadmap to 2030](#), to support countries to reach the 2030 Sustainable Development Goals (SDGs) for children.

Management Structure

The management and operational structure of the Task Force is comprised of—

- a Secretariat
- a Steering Committee (SC)
- members
- 10 subgroups: Child Health in Emergencies and Humanitarian Settings; Childhood Vaccination (new); Digital Health and Innovations; Implementation Science;² Institutionalizing iCCM; Monitoring and Evaluation (M&E); Newborn and Child Health Commodities; Nutrition and Child Health; Private Sector Engagement; Quality of Care; and Re-Imagining the Package of Care for Children.

Leadership

The Task Force is led by an SC comprising representatives of Aga Khan University, the Burkina Faso Ministry of Health, the Global Financing Facility of the World Bank, JSI Research & Training Institute, Inc. (JSI), the Makerere University School of Public Health, the Malawi Ministry of Health, Save the Children, Total Family Health Organisation of Ghana, UNICEF, USAID, and the World Health Organization.

USAID is the sole funder for the Secretariat of the Child Health Task Force. Besides USAID, the Bill & Melinda Gates Foundation funded the Secretariat to lead the two-phase Re-Imagining Technical Assistance project, which ended in December 2021. Through this project, stakeholders co-created the [critical shifts to enable strengthened capacity](#), which serve as guiding principles for the Secretariat’s work.

² This subgroup was retired given the challenge of limited co-chairs’ bandwidth and acknowledging that implementation science cuts across the other subgroup themes.

To maintain leadership continuity from the Maternal and Child Survival Program which closed in 2019, USAID funded the Task Force Secretariat (JSI) through the USAID Advancing Nutrition project. This list of accomplishments covers the full time period of Task Force Secretariat funding through the project (August 2019–December 2023) as part of the USAID Advancing Nutrition final report.

Key Accomplishments by Theme

Over the past four years, the Child Health Task Force has served a key role in convening and coordinating partners to share knowledge and innovative solutions to programmatic issues. The Secretariat has supported the Task Force to develop new and improve existing tools and work with country partners to translate evidence into stronger child health programs, enabling children to survive and thrive.

During this time period, as of December 31, 2023, the global network grew from only a few hundred members to **6,916 individuals** from **157 countries** and **over 1,000 organizations**. The Secretariat continued to support the SC and the 10 subgroups to engage members in implementing the Task Force Strategic Plan. In addition, the Secretariat coordinated the Child Survival Action (CSA) initiative, including the working group, advisory group, and three action teams, to accelerate reductions in under-five mortality to reach the 2030 SDG target of 25 deaths or fewer per 1,000 live births.

Below we present key accomplishments under each of the five themes that guide the Task Force’s work.

I. Convening Partners

The Task Force hosted over 100 technical webinars (the majority in English and French) to bring together global, regional, and local partners and country governments to discuss emerging programmatic challenges and lessons in child health. In response to members’ needs, the Secretariat added simultaneous interpretation into French (at a minimum) to all webinars and translation of key resource documents. The total number of registrations are estimated to be more than 20,000 with over 10,000 attendees from across the globe. More people accessed the recordings, slides, and materials posted [on the website](#). In addition to the one-off presentations on child health topics, these webinars included discussion series on (1) [Understanding Child Health in the Context of COVID-19](#), (2) [Lifelong Care for Children with Chronic Conditions](#), (3) [Multi-Sectoral Approaches to Child Health](#), (4) [Adapting Health Systems to Protect Children from the Impact of Climate Change](#), and (5) [Strengthening Nurturing Care in Humanitarian Response](#). The Task Force was also asked to co-host high-profile events such as the 2nd Global Pneumonia Forum, [the launch of the Nurturing Care Practice Guide](#) and the [global school health status report launch](#). The information shared and discussions addressed emerging issues in child health and helped to inform adaptations to design and implementation approaches to make programs responsive to the health needs of children and families.

In addition, the Secretariat managed transitions among and supported the subgroup co-chairs to revise objectives based on need, develop subgroup rolling work plans, and convene working meetings. The Secretariat brought together members at least once a year to share updates and gather feedback, and convened bi-annual Steering Committee meetings. In collaboration with the SC and co-chairs, in 2021 the Secretariat developed its first [five-year strategic plan](#) to align partners on global child health priorities. For four years, the Secretariat conducted an annual pulse check survey, launched in French in PY4, in order to be responsive to member feedback and continually improve its functioning. Per the members’ request, the Secretariat organized a global virtual conference in English and French on *Accelerating Progress Towards the 2030 SDGs: Reducing Inequities in Child Health*. The conference reached over 12,000 registrants from more than 90 countries and territories (70 percent LMICs) and 650 attended. It included two live plenaries, nine concurrent sessions, two skills-building events, discussion rooms, and a poster gallery. A report and all materials are available [on the website](#). The conference recommendations included—

- Reframe child survival as the triad of mother, newborn baby, and the child.
- Continue engagement and advocacy with political decision-makers at country and community levels.
- Create a larger coalition to include the newborn and maternal health communities.
- Build on momentum of the meeting and regroup in one year in-person: 50 percent of attendees recommend a hybrid meeting.
- Strengthen advocacy effort at country level and within communities.
- Ensure support and compensation for CHWs to address equity.
- Focus on how to improve the experience of care between the client and provider (quality of care vs. quantity of care).

2. Advocating for Child Health

The Task Force advocated strongly for integrated services and financing for child health programs over the past four years. In 2021, the Secretariat brought together partners to address the unfinished child survival agenda, which led to the Child Survival Action initiative, a renewed call to end preventable under-five deaths. The initiative focuses on the 54 countries, 41 in Africa, that urgently need accelerated efforts to achieve the SDG child mortality target of 25 or fewer deaths per 1,000 live births; reaching this target in all countries will avert at least 10 million under-five deaths by 2030. The Secretariat established a working group and led the development of the [vision document](#), [overview slides](#), and a governance structure, including an Advisory Group for strategic guidance and three action teams: country engagement, advocacy and results and accountability. The initiative gained momentum after the Secretariat organized with the Partnership for Maternal, Newborn, and Child Health a [child survival country roundtable](#) hosted by the Sierra Leone and Tanzania Ministries of Health, complementary to the 75th World Health Assembly. The initiative was formally launched by the Sierra Leone Ministry of Health, the Task Force and its partners at the 2nd Global Pneumonia Forum in April 2023. For the 76th World Health Assembly, the Secretariat facilitated inputs into the resolution for women’s, adolescents’ and children’s health led by the Somalia Ministry of Health to strengthen the child survival components.

The Secretariat developed a [CSA webpage](#) to share the vision, action team updates, country-level progress, and resources with partners. The page includes a [video](#) and [two-pager](#) developed for CSA advocacy particularly at global events. In addition, the Secretariat hired Market Access Africa to develop a [blueprint for advocacy](#) and a regional plan to energize African leadership and political momentum for child survival. Market Access Africa socialized CSA at key regional events including the WHO Regional Office for Africa Committee, Campaign on Accelerated Reduction of Maternal Mortality in Africa Plus partners meeting, and the Conference for Public Health in Africa. They also secured ministers’ commitments to CSA, including publishing [Minister Demby’s opinion piece](#) calling on other African leaders to act (published in three African news outlets). The Secretariat also constituted the Results and Accountability Action Team, co-led by the M&E subgroup co-chairs, to develop a results framework for CSA; the group finalized a list of child survival impact and outcome indicators and proposed a 1–59-month global target to bring attention to preventable deaths in this age group.

Supporting the USAID Africa Bureau Health and Education Offices, the Secretariat conducted a landscaping analysis, developed reports, hosted webinars, and created a toolkit of multimedia products to advocate for multi-sectoral collaboration for school health and nutrition (SHN). The initial landscaping and interviews with 28 individuals from 10 different USAID Africa Missions led to the report [Operationalizing Health & Education Coordination: Recommendations Surfaced](#)

[through Interviews with Africa Bureau Missions](#). Building on the findings, the Secretariat developed a [SHN resource hub](#) and then a [microlearning toolkit](#) for health and education policymakers, practitioners, USAID Mission staff, and implementing partners to strengthen cross-sectoral collaboration and co-investment to improve students' well-being and learning worldwide. The toolkit includes animated videos on [evidence for SHN programs](#) and the [benefits of school meals](#) (which won a national animation award), along with infographics on [school as a platform to control malaria](#), [promoting mental health in schools](#), [comprehensive sexuality education](#), and [menstruation and its relevance for schools](#). Future tools will respond to the feedback gathered by the Secretariat in a short survey of members using the toolkit. These products, along with a brief on [Why Policy Makers Should Prioritize School Health Programs](#), will inform an e-learning course under development. This work fits within the Task Force's broader agenda on multi-sectoral action for child health, including a [synthesis paper on integrated service packages](#) and [review of multi-sectoral programming in Africa and Asia](#).

3. Partnering with Countries

Countries are at the center of the Task Force's goal to strengthen child health programs. Over the life of the project, the Task Force shifted from a predominantly global membership and SC representation to a majority LMIC-based membership and a growing number of country representatives on leadership (SC and co-chairs). Through a country-led approach, the Secretariat partnered with the Malawi Ministry of Health, establishing a memorandum of understanding, to support the development, launch and implementation of their national child health strategy. The SC provided strategic inputs into the child health strategy. Per the request of the ministry's Integrated Management of Childhood Illnesses Technical Working Group (IMCI-TWG), the Secretariat developed a survey to map partner resources and activities in child health. Recruiting the help of JSI's Center for Health Information, Monitoring, and Evaluation, the Secretariat developed an [interactive dashboard](#) for use by the MOH. Based on the IMCI-TWG's feedback, the Secretariat supported strengthening capacity, through adapting the survey to existing government data systems and developing a how-to guide, to ensure continuity and sustainability of partner tracking under the MOH.

Through the CSA Country Engagement Action Team, the Secretariat has also partnered with ministries of health in Burkina Faso, Liberia, Mali, Nigeria, Sierra Leone, and South Sudan, all at various stages of developing their CSA plans. In Sierra Leone, the Secretariat participated in a stakeholder workshop to identify key bottlenecks to child survival and prioritize actions to be included in their revised Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition strategy, launched in June 2023. In South Sudan, the Secretariat worked with the MOMENTUM Integrated Health Resilience project to strengthen their child health strategy and support the launch planned for 2024. Burkina Faso, Liberia, Mali, and Nigeria have met with the CSA global team to revise their draft CSA plans based on stakeholder consultations in-country. The Secretariat has also strengthened country-level leadership of the Task Force, inviting representatives from the Burkina Faso and Malawi ministries of health, Makerere University, Aga Khan University, and Total Family Health Organisation in Ghana (local private sector group) to join the SC. These voices, along with the co-chairs based in countries, have guided the Task Force's focus towards issues affecting local communities and global health governance.

After supporting the Kenya Ministry of Health with their iCCM investment case, the Secretariat also hosted a [roundtable](#) for Kenya, Uganda, and Malawi to share their experiences, successes, and challenges with iCCM costing and resource mobilization. One recommendation that emerged was the need for additional training of government and other country-based stakeholders in the Community Health Planning and Costing Tool 2.0, which the Secretariat facilitated at the virtual conference, then with a series of follow-on training sessions in response to demand, all materials

[on the website](#). The Secretariat also developed an [infographic](#) on how countries can leverage the Global Financing Facility to advocate for additional funding for child health.

Building from these activities, the Secretariat has also supported countries in costing and planning community and child health programs. Reconstituting the iCCM Task Team, the Secretariat provided TA to seven countries to strengthen their Global Fund Grant Cycle 7 (2023–2026) proposals, including advocating for the inclusion of iCCM non-malaria commodities. The countries included Angola, Ethiopia, Gambia, Kenya, Liberia, Madagascar, and Rwanda. The team developed a [menu of technical assistance](#) and [an advocacy brief](#) in English, French, and Portuguese, distributed to country teams at the Mock Technical Review Panel meeting in Addis Ababa. The Secretariat also hosted a [virtual information session](#) on the Global Fund application process, sharing the new [guidance note on accessing and programming matching funds](#) and the [detailed instructions for completing the community health worker programmatic gap table](#).

4. Knowledge Management

A critical role of the Secretariat the past four years has been to synthesize, package, and share emerging evidence on child health to improve programming. The [website](#), which includes an extensive online resource library, has attracted 80,361 users from 210 countries (around 14 percent accessing the French version), for details see the [website engagement dashboard](#). Our team regularly adapted the website to members' needs including developing up-to-date resource hubs for COVID-19 and child health in 2020, school health and nutrition to address multi-sectoral approaches, institutionalizing iCCM, child survival action, and re-imagining technical assistance. In addition, the Secretariat has shared 96 bi-weekly journal digests, disseminating around 2,880 new articles that present emerging evidence in child health and well-being. The Secretariat also shares CSA updates, subgroup activities, innovations in child health programming, partner events and resources in a quarterly newsletter (in French and English), all [available on the website](#). The Secretariat also launched a LinkedIn page, responding to the growing popularity of social media as an avenue for partner sharing and advocacy for the Task Force to share partner updates, career opportunities and events; the account gained 1,158 followers and a 6.04 percent engagement rate (4 percent above industry average). Overall, the Secretariat's email campaigns have received an open rate of 35 percent and click rate of 12 percent (7 percent above industry average). Members of the Task Force have consistently found the knowledge management function of the Secretariat to be useful to their day-to-day work, one commenting in the annual survey, "The Task Force is the most goal-oriented community of practice I am a member of."

5. Technical Expertise and Learning

Global partners recognized the high-quality technical expertise within the Task Force membership. For this reason, the Task Force has become a critical platform to engage the child health community in reviewing and improving key global goods to strengthen health systems, quality of care, and reporting and monitoring. The subgroups reviewed key monitoring frameworks and indicators such as Demographic and Health Survey 7 and recommendations for Demographic and Health Survey 8, Service Provision Assessment child health indicators, and the draft WHO pediatric quality of care standards and core indicators. Members also reviewed the WHO/United Nations Educational, Scientific, and Cultural Organization Global Standards, Indicators, and Implementation Guidance for Health Promoting Schools, in addition to USAID's Climate Strategy, submitting consolidated feedback. The Task Force held consultation sessions for the Nurturing Care Handbook to align on the child health components. In addition, a consultation series took place to identify key bottlenecks and solutions to lack of access to lifesaving medicines (amoxicillin dispersible tablets and gentamicin) for childhood pneumonia. These findings informed a [policy brief](#) co-developed by the Task Force, UNICEF, and USAID (in English, French, and Portuguese) on improving access and use of quality medicines to save lives of children and newborns. The

Secretariat also conducted an inventory of child health research projects, mapped to the priorities from the Task Force-led Child Health and Nutrition Research Initiative publications on [iCCM](#) and [private sector engagement](#). The findings informed webinar topics and a grant proposal training during the virtual conference, and they will inform future training of LMIC-based child health researchers on topics like manuscript writing.



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