

Scaling Up Global Nutrition: Bolstering U.S. Government Capacity

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Key Points

- U.S. leadership has helped build a global movement to scale up nutrition, and U.S. health and food security investments have increased nutrition programming.
- Now is a good time for the U.S. government to assess its resources and capacity to support country-led efforts to scale up nutrition and to adopt systems to sustain momentum and progress on nutrition.
- A well-articulated “whole of government” approach to nutrition—with a supporting strategy and budget, implementation plan, and harmonized technical and operational guidance—would help systematize and strengthen U.S. nutrition investments.
- Strengthened leadership and capacity—a high-level nutrition focal point at USAID, supported by additional nutrition-related technical, operational, and managerial staff in relevant agencies, bureaus, offices, and field—will ensure coordination and accountability for results.
- An interagency monitoring, evaluation, and reporting system for nutrition will help track investments across multiple agencies, bureaus, and offices—contributing to results-based programming.

Abstract

The United States, recognizing malnutrition’s devastating impacts, especially on children between pregnancy and age 2, is a global leader in scaling up nutrition. Reducing maternal/child undernutrition is a priority for Feed the Future (FTF) and the Global Health Initiative (GHI). Additional resources are creating opportunities to build nutrition programs and technical capacity. The growing Scaling Up Nutrition (SUN) movement¹ includes 27 developing countries. FTF and GHI support many SUN national nutrition strategies.

Now is the time to strengthen U.S. leadership by systematizing nutrition within development assistance. The existing operational structure is fragmented and complex, while funding to scale up nutrition remains inadequate. Action on five fronts is needed: an overarching nutrition strategy with a transparent budget; a high-level nutrition focal point; increased capacity in Washington and the field; harmonized nutrition guidance; and strengthened monitoring.

Key Terms and Definitions

Implementing Partner	<p>An Implementing Partner (IP) or “prime” partner is an entity that receives funding directly from, and has a direct contractual relationship (contract, cooperative agreement, grant, etc.), with the U.S. government. Not all organizations are partners: partners have a funding relationship with the government and the government has selected them as either a prime or sub-grant recipient. According to this definition, the government of another country can be considered an implementing partner if it receives funding from the U.S. government. Implementing partners assume principal oversight responsibility for their sub-partners. This includes selecting and issuing awards to sub-partners, collecting programmatic and financial reporting, conducting site visits, and providing technical assistance.²</p>
High Burden (Stunting) Countries^{3,4}	<p>These countries have the highest burden of undernutrition. In many high-burden countries, malnutrition rates are much higher than would be expected given national income or economic growth rates. Examples of such countries include India (which has shown sustained and robust economic growth for more than a decade now but no significant reductions in malnutrition), Guatemala, Angola, and Pakistan. The following are 36 high-burden countries which are home to 90 percent of the 17 million stunted children under 5 years of age in the world: Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guatemala, India, Indonesia, Iraq, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Nepal, Pakistan, Peru, Philippines, South Africa, Sudan, United Republic of Tanzania, Turkey, Uganda, Vietnam, Yemen, Zambia.</p>
Intervention	<p>An intervention⁵ is an action purposely planned and designed to change a nutrition-related behavior risk factor, an environmental condition, or an aspect of the health status of an individual, a target group, or a population at large. If implemented at scale, an intervention could significantly reduce the effects of maternal and child undernutrition. Effective interventions are available to reduce underweight, stunting, micronutrient deficiencies, and child deaths.⁶ Nutrition interventions are actions within larger nutrition programs.</p>
Mission⁷	<p>USAID’s overseas organizational units are known as field missions. The U.S. ambassador serves as the chief of mission for all U.S. government agencies in a given country, so all USAID operations fall under his or her authority. USAID missions operate under decentralized program authorities that allow them to design and implement programs and to negotiate and execute agreements. USAID bilateral country missions⁸ are established where there is a continuing U.S. assistance program; the programs range from minor programs with a single focus to major programs with multiple types of assistance over several sectors. Missions are categorized as small, medium, full, or full support depending on the scope and complexity of their programs as well as their program and staff levels. Responsibility for establishing and achieving strategic objectives lies with the mission. Essential services such as program development, problem analysis, project design, program/budget documentation, implementation monitoring, financial management, and administrative/logistical support are provided internally at full and full support missions and at most medium missions. Small missions receive support as needed from full support missions or regional service centers.</p>
Nutrition-Sensitive (Indirect) Development Interventions⁹	<p>Nutrition-sensitive development interventions are those conducted in one or several of a range of programs that can have a major impact on nutrition but take place within the context of larger, non-nutrition programs such as health, agriculture, social protection, or education. These programs may be able to improve nutritional outcomes since they can be adapted to address the determinants of undernutrition; however, evidence is lacking as to large-scale improvements in nutrition outcomes.</p>
Nutrition-Specific (Direct) Interventions	<p>A series of highly effective and low-cost nutrition-specific interventions has been identified in peer-reviewed articles in <i>The Lancet</i> and other scientific publications. Direct interventions target the immediate causes of undernutrition: inadequate dietary intake and ill health. The 2008 <i>Lancet</i> series on maternal and child undernutrition¹⁰ recommended 13 direct interventions to be implemented at scale in countries with high rates of undernutrition.</p>

Sustaining Leadership and Support for Scaling up Nutrition

U.S. development assistance has supported evidence-based approaches to nutrition to improve outcomes for the most vulnerable populations since the 1970s.¹¹ Over the past three years, the U.S. government has demonstrated high-level political support and commitment for scaling up nutrition, resulting in an unprecedented level of support for nutrition within the overall development agenda. Focusing on evidence-based and cost-effective nutrition specific interventions in the 1,000-day “window of opportunity” from pregnancy to a child’s second birthday and on nutrition-sensitive approaches, U.S. leadership has helped raise awareness of the importance of maternal and child nutrition for long-term development outcomes; leverage resources from other donors; and integrate nutrition across agriculture, health, and other sectors. This has been demonstrated in important ways:

- During the United Nations summit on the Millennium Development Goals (MDGs) in September 2010, Secretary of State Hillary Rodham Clinton and her Irish counterpart launched the 1,000 Days¹² Partnership to catalyze action to support the Scaling Up Nutrition (SUN) Movement. The joint donor statement released on this occasion underscored the commitment of the United States and other donor governments to strengthen coordination, to align existing platforms with national priorities, and to track results to improve nutrition outcomes. The 1,000 Days Partnership set an ambitious goal: to achieve measurable results in global nutrition during the 1,000-day period between September 2010 and June 2013.
- In April 2010, Dr. Rajiv Shah, Administrator, U.S. Agency for International Development, agreed to join 26 other leaders in serving on the Lead Group for the Scaling Up Nutrition Movement.¹³
- In the lead-up to the 2012 Camp David G-8 Summit, President Obama emphasized the importance of nutrition in a speech on agriculture and food security: “We’re going to keep focusing on nutrition, especially for young children, because we know the effects of poor nutrition can last a lifetime—it’s harder to learn, it’s harder to earn a living. When there is good nutrition, especially in those thousand days during pregnancy up to the child’s second birthday, it means healthier lives for that child and that mother. And it’s the

smart thing to do because better nutrition means lower health care costs and it means less need for assistance later on.”¹⁴

- Along with UNICEF, and the governments of India and Ethiopia, the United States cosponsored the Child Survival Call to Action that led to pledges by more than 50 countries to reduce preventable child deaths to developed country levels—20 per 1,000 live births—by 2035.¹⁵ Improving maternal and child nutrition is an integral part of achieving this goal.

Although funding levels remain far below the need, U.S. government funding for nutrition has increased in recent years.¹⁶ Since FY 2010,¹⁷ nutrition has been designated a separate element within the Global Health and Child Survival account (now the Global Health Program (GHP) account). This accelerated progress and heightened awareness of the importance of nutrition in the development agenda on the part of leaders, along with political commitment and the availability of increased funding for nutrition, represent a major step towards scaling up nutrition.¹⁸ Since 2010, 27 countries have joined the SUN Movement and more high-burden¹⁹ countries seek the international community’s assistance to scale up maternal and child nutrition.

Collaboration with country governments, donors, civil society, nongovernmental organizations (NGOs), and other development partners is essential to developing, managing, and sustaining nutrition interventions at scale. Now is an opportune time to assess U.S. capacity to support country-led nutrition strategies and to invest in the systems and organizational structures that will sustain the progress made



USAID Administrator Dr. Rajiv Shah emphasized the importance of sustaining momentum on global nutrition at a May 2012 Scaling Up Nutrition (SUN) event on Capitol Hill.

Laura Elizabeth Pohl/Bread for the World

in elevating nutrition as a U.S. development priority. This can be accomplished by building up the operational and technical foundation to scale up nutrition. In order to do this, action is needed on five fronts:

1. Developing and implementing a “whole of government” nutrition strategy and approach that is supported by a transparent, nutrition-specific budget across initiatives (Feed the Future and Global Health Initiative) and accounts (Development Assistance, Food for Peace, PEPFAR, Millennium Challenge Corporation);
2. Strengthening nutrition leadership within the government and improving coordination and management across departments, offices, bureaus, and agencies;
3. Increasing and strengthening nutrition capacity at headquarters and in U.S. government overseas offices;
4. Harmonizing interagency nutrition policy, and operational and technical guidance; and
5. Monitoring, evaluating, and reporting effectively to increase accountability.

It is important to underscore at the outset that scaling up nutrition will depend very much on what happens in individual countries. Strong national policies and strategies, supported by adequate resources, effective local institutions, and fully engaged civil society organizations, will be key determinants of success. The recommendations in this paper are intended to highlight ways in which the U.S. government can become an even stronger partner in this effort. They are not intended to take away from the work that has to be done in country, but rather to suggest ways of ensuring that the U.S. government is better equipped to support country-level action.

Developing a “Whole of Government” Nutrition Approach

Overview

The United States has a history of support for maternal and child nutrition; this support has been included in both maternal and child health programs and food aid programs. Yet traditionally, nutrition has been seen as a health issue by the agriculture and food security sector and as a food issue by the health sector. The lack of a constituency within either sector has led to nutrition’s falling between the cracks and not garnering the funding or the emphasis needed in programming. This is changing, however, with recent attention to nutrition as a result of *The Lancet’s* series on reducing maternal/child undernutrition and the Scaling Up Nutrition movement. Nutrition is now

being recognized as a crosscutting issue that needs a multi-sectoral approach. A purely clinical, health-focused approach to nutrition is not sufficient, nor will nutrition be improved simply by improving the agricultural productivity and the availability and quality of nutritious foods. According to congressional testimony by a Bureau of Global Health official, “One of the key lessons learned from the U.S. government’s²⁰... [work] in nutrition is that improving nutrition on a large scale requires a comprehensive effort that involves all sectors.”²¹ It is now an important element of U.S. government food security and health investments, especially in the context of two major initiatives—the Global Health Initiative (GHI), and the global hunger and food security initiative, Feed the Future (FTF).^{22,23}

According to USAID Administrator Shah’s joint message of July 3, 2012, GHI “will continue as the priority global health initiative of the U.S. Government...and...continue to function with a collaborative leadership structure headed by the three core entities—USAID, CDC, OGAC ... ensuring the GHI principles are implemented in the field to achieve ... (the government’s) ambitious GHI goals. GHI country teams and GHI planning leads will continue to work to implement GHI strategies under the leadership of the U.S. Ambassador.” However, the existing GHI coordinating office (S/GHI) at the State Department will close.

GHI, coordinated by the State Department, aimed to integrate investments in global health (including nutrition) that are managed through the existing expertise and programs of USAID, the Departments of Health and Human Services and Defense, the President’s Emergency Program for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI), and the Peace Corps, through a coordinated



Crista Friedli

Nutrition specific programs can take many different forms—coordination among agencies, bureaus and offices is essential.

outcomes- and impact-based approach. GHI’s “whole-of-government”²⁴ approach integrates the knowledge, skills, and abilities of different federal agencies in the design and implementation of programs. It creates a platform for GHI to achieve nutrition targets while measuring outcomes and impact as well as building on existing efforts and progress to date (especially in maternal and child health programs and PEPFAR).

FTF is coordinated by USAID’s Bureau of Food Security. This initiative’s primary objectives are to: (1) accelerate inclusive agricultural sector growth and (2) improve people’s nutritional status in FTF countries—particularly that of women and young children. It calls for “coordination and integration of U.S. government agriculture and nutrition investments to maximize impact”²⁵ of developing the agricultural sectors of a number of countries. FTF and GHI share the goal of working in countries with a high burden of undernutrition to bring high-impact, evidence-based nutrition interventions to scale and refine and test innovative approaches such as food bio-fortification. The Feed the Future Guide states that FTF “will coordinate closely with host governments, other development partners, and GHI... to implement a nutrition strategy based on country-specific needs and opportunities.”²⁶ USAID and the State Department²⁷ jointly developed a two-year performance goal in 2009, considered a high priority by both, that requires interagency coordination to be demonstrated through GHI and FTF structures.

In addition to FTF and GHI, other departments, offices, bureaus, and agencies house programs that include nutrition-related activities. These include PEPFAR, PMI, and bilateral programs such as USAID/Food for Peace, USAID/Office of Foreign Disaster Assistance, USDA’s McGovern-Dole International Food for Education and Child Nutrition Program, and the Millennium Challenge Corporation (MCC). It would strengthen nutrition outcomes during the 1,000-day window if these programs were harmonized and leveraged in FTF or GHI focus countries.

A Whole of Government Nutrition Strategy

Structural issues related to the design, authority, and funding of Feed the Future, and other programs impede efforts to coordinate interagency efforts and operationalize integrated nutrition programming.^{28,29,30,31} PEPFAR resides in the State Department, food aid programs are funded through U.S. Department of Agriculture (USDA), FTF is a USAID-led initiative with co-coordinators from USAID and the State Department, and MCC’s Indonesia compact has a nutrition component. As a result, the nutrition activities of each of these programs have their own goals, strategy, definitions, indicators, and reporting requirements. The challenges of working multi-sectorally and across agencies,

bureaus, and offices are similar to those that the high burden SUN countries face, which include planning nutrition programs across sectors and multiple jurisdictions.

A 2012 Government Accountability Office (GAO) report³² found that there is a “lack of defined agency roles and responsibilities and inconsistent information sharing” throughout U.S. government foreign assistance programming. Because roles and responsibilities for nutrition exist in multiple agencies, offices, and bureaus, it is important to develop a “whole of government” nutrition strategy that is linked to an overarching global development strategy. This strategy would outline how improved nutrition, particularly in the 1,000-day window from pregnancy to age 2, is foundational to improving outcomes in health, education, food security, and economic growth, and would also identify the actions that should be taken to improve nutrition outcomes through U.S. government investments in these areas. The strategy would articulate how the activities of each relevant program or initiative contribute to improving nutrition outcomes, and it would decide on government-wide definitions of nutrition-sensitive³³ and nutrition-specific (focused)³⁴ interventions. Such a strategy would enhance effectiveness by clearly defining how the U.S. government as a whole collaborates to achieve mutually-agreed nutrition outcomes.

A Whole of Government Nutrition Budget

The U.S. government has increased investments in nutrition through GHI. Designating nutrition as a separate funding account in USAID’s Global Health Programs in FY 2010³⁵ was another step forward, since nutrition was previously a subset of Maternal and Child Health funding. The creation of this separate nutrition-funding element in the government’s Foreign Affairs (150) account reflects a heightened importance for nutrition and will facilitate the monitoring of nutrition-specific funding, program expenditures, and outcomes. Notwithstanding recent budget increases, however, nutrition represents only 1.53 percent³⁶ (\$95 million authorized in FY 2012) of total GHI funding. Additionally, there is no specific allocation of nutrition funding in FTF. Rather, the State Department’s congressional budget justification notes that nutrition activities are funded largely through the “Global Health Programs (GHP)” account, formerly known as Global Health and Child Survival (GHCS).^{37,38} Now that GHI is being restructured, it is unclear where nutrition funding will sit. This makes tracking FTF’s contribution to improving nutritional status (as measured through the program’s own nutrition improvement indicators³⁹) extremely difficult.

Comprehensive data on the total level of funding that the “whole of government” (across sectors and programs) dedicates to nutrition programs and activities are not readily

Table 1 U.S. Government Funding for Nutrition*

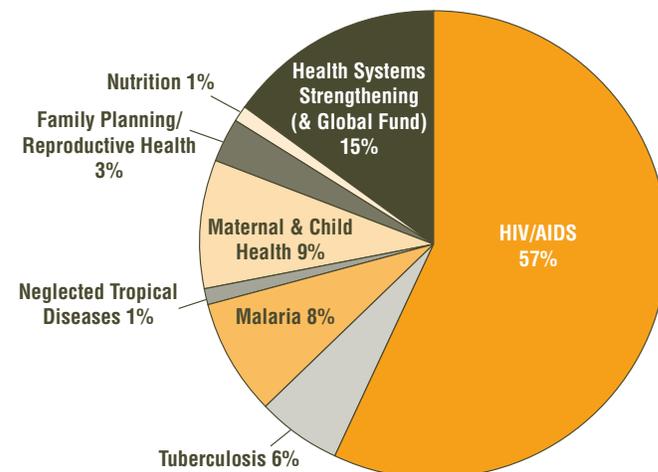


* Without Overseas Contingency Operations (OCO) equivalent funding

Source: Executive Budget Summary, Function 150 & Other International Programs, Department of State. Fiscal Year 2013. Table 12k: Nutrition by Account. InterAction, Federal Budget Tables FY 2009, 2010, 2011, 2012.

Table Notes: In May 2009, President Obama pledged \$63 billion to the Global Health Initiative over six years.⁴² Eighty-one percent⁴³ of the proposed funding was allocated for the President's Emergency Plan for AIDS Relief and malaria. Recognizing recent budget increases,⁴⁴ nutrition only remains a focus of 1.53 percent⁴⁵ (\$95 million enacted for FY 2012) of the total GHI funding, despite its designation as one of the eight core targeted global health program areas. A further decrease of -5.3 percent (\$5 million) to \$90 million was requested in the President's FY 2013 budget⁴⁶ for nutrition.

Nutrition only captures 1.53% of FY 2012 GHI Funding Requests



available.⁴⁰ As mentioned earlier, funding for nutrition is spread across multiple budgetary accounts, and there are nutrition components of various programs. Both the FY 2012 and FY 2013 budget requests provide greater levels of detail and transparency on nutrition funding. The FY 2013 congressional budget justification took the additional step of breaking out nutrition funding across four accounts that have nutrition components.⁴¹ This is a helpful step, but it does not capture all nutrition programming.

Moving forward, it is important to make publicly available a more detailed budget that connects nutrition funding to an overall nutrition strategy. This will help clarify program objectives and improve transparency. Activities that are related to nutrition-specific or nutrition-sensitive interventions will be able to be monitored and evaluated. Interagency nutrition budgeting at headquarters and in missions would facilitate planning and coordination so that targeted high impact nutrition interventions can achieve joint targets.

Recommendations

- Develop an interagency maternal and child nutrition strategy outlining a transparent, collaborative “whole of government” approach to nutrition with clearly defined U.S. government-wide nutrition targets and results indicators.
- Develop a clearly delineated “whole of government” nutrition budget that is linked to the nutrition strategy.

Strengthening Leadership⁴⁷ for Nutrition

Overview

Nutrition is now recognized as an important crosscutting, high-impact intervention in global health and development programs spread across multiple U.S. agencies. Nutrition staffs are also spread across different sections of the government. The Nutrition Division of USAID’s Office of Health, Infectious Diseases and Nutrition in the Bureau for Global Health (GH) provides technical leadership and direction in food and nutrition. The Nutrition Chief currently leads a team of six to eight food and nutrition technical advisors. There are also senior and mid-level nutrition and/or food security advisors in other USAID bureaus and offices, such as the USAID/Bureau of Food Security, Bureau of GH/Office of HIV/AIDS, and Food for Peace/Title II.

There are inherent challenges within the existing operational structures that inhibit interagency efforts to coordinate. Some of these were discussed in the previous section—differing mandates, budgets, and strategies. These issues could be addressed by creating a coordinating authority or team to develop a whole of government nutrition strategy and to plan, manage, and implement interagency nutrition efforts at headquarters and in the field. A critical analysis of existing headquarters and mission-level structures and operations (as related to nutrition) would help identify

processes and action steps to foster improved collaboration and coordination of nutrition policies and programs.

Currently, accountability for nutrition outcomes is also spread across the government. In the absence of a whole of government nutrition strategy, there are only ad hoc coordination mechanisms, making it difficult to document the impact of U.S. investments in nutrition and to ensure coordination. Each SUN country has appointed a high-level focal point for nutrition.⁴⁸ This is a senior-level position, usually in the prime minister's or president's office, that has the authority to bring together finance, agriculture, health, and social protection ministries in order to implement national nutrition strategies. This is a model that the U.S. government should also consider, particularly given the crosscutting, multi-sectoral nature of nutrition as an issue and the fragmentation and complexity of U.S. global nutrition programs. The creation of a high-level Nutrition Focal Point, housed within the USAID Administrator's office and granted the authority to develop, direct, and implement a whole of government global nutrition strategy across multiple agencies, would improve accountability for tracking progress against set objectives and targets. The administration could also consider creating a nutrition technical advisory board composed of civil society and academic experts to help inform and provide feedback on the U.S. government strategy and implementation.

Ideally, this high-level position would be supported by a Nutrition Point Person, senior and mid-level managers within each corresponding agency, bureau, or office (e.g., at BFS, USAID/FFP, USAID/NUT, USAID/OHA, and OGAC, USDA) who focus on building partnerships and improving policies and programs. These Nutrition Point Persons would promote interagency planning, coordination, and management efforts. They would not assume the responsibilities of Agreement Officer Representatives (AOR) and Contract Officer Representatives (COR);⁴⁹ rather, they would focus on implementing and operationalizing an interagency nutrition strategy. Nutrition Point Persons would complement the growing number of nutrition technical advisors⁵⁰ within existing agencies, bureaus, and offices.

This structure would provide both managerial/operational and technical organizational support for nutrition in GHI, FTF, and other countries with U.S.-funded nutrition programming. It would ensure that a single coordinated nutrition strategy aligns with and supports country priorities, including country- and community-led nutrition goals. The high-level nutrition focal point and supporting nutrition point people would harmonize U.S. government efforts for nutrition and ensure that staff members in the field receive accurate, up-to-date guidance to manage their nutrition portfolios. This

structure would also encourage stronger documentation of important evidence-based results from the field and would support the creation of a common knowledge platform and best practices for nutrition.

Recommendations

- Appoint a high-level Nutrition Focal Point at USAID to implement a whole of government nutrition strategy, lead interagency nutrition efforts, be accountable for results, and facilitate improved coordination among agencies, bureaus, and offices.
- Map out and assess lines of authority, roles, and responsibilities for coordinating, planning, and managing nutrition programs at headquarters and in the field. Make necessary recommendations for improvement, which should include increased staffing levels as well as more coordinated efforts.
- Appoint Nutrition Point Persons within relevant bureaus, offices, and agencies to coordinate efforts and strategy for nutrition.
- Increase nutrition technical and management staff in the field and at USAID (both BFS and GH), State Department, and USDA headquarters.

Increasing and Strengthening Nutrition Capacity at Headquarters and Overseas

Overview

Nutrition technical staff at headquarters and the nutrition points of contact at the missions are responsible for providing several types of technical assistance to the country teams, including program design and reviews, direct assistance to implementing partners, and advice on evidence-based recommendations that pertain to changes in current and future programming. Currently, the capacity and staffing levels for nutrition, both at headquarters and overseas, are not sufficient to adequately fulfill both the technical obligations within GHI and FTF and existing responsibilities within an increasingly complex nutrition portfolio. Insufficient staffing can adversely affect efforts to scale up nutrition policies and programs.

Reportedly,⁵¹ the time available to communicate regularly with implementing partners and to keep up with nutrition technical updates is being limited by increased workloads; the demands of managing large, multifaceted nutrition portfolios; high staff turnover; and increased requirements for administrative and management reporting. An analysis of headquarters and overseas job



Gayle Smith, Special Assistant to the President and Senior Director, National Security Council, emphasizes that nutrition is an important key to the development agenda.

position titles, staff categories, and descriptions related to nutrition programs reveals that many personnel who work on nutrition are non-permanent staff.⁵² Sustaining and strengthening the U.S. government's capacity to support scaling up nutrition efforts will require strategic investments that increase the recruitment of human resources for nutrition while also reinforcing the technical and operational capacity of existing nutrition staff. These positions should be at least two-year assignments so that staff can provide stability and continuity to programs and build relationships in country.

To support an increasing number of nutrition-focused solicitations under GHI and FTF, USAID has designated 19⁵³ “nutrition-staff persons or points of contact.” These positions are not mandatory or permanent (they can be staffed by part-time and/or contract employees), and they are not consistently staffed in program countries. Adequate technical leadership, program oversight, and support positions for nutrition, both at headquarters and in USAID missions, is necessary to:

- Successfully develop and implement a harmonized interagency strategy and approach for nutrition;
- Plan, manage, and coordinate interagency nutrition programs;
- Devote sufficient effort to assuming the administrative and technical oversight responsibilities⁵⁴ of Agreement Officer Representatives (AOR) and Contract Officer Representatives (COR) in managing growing nutrition-related portfolios and field support mechanisms;

- Provide nutrition technical guidance for integrated programming; and
- Track, report, monitor, and evaluate nutrition targets and results.

Recommendations

- Appoint full-time nutrition staff from existing personnel in USAID missions in target countries.⁵⁵ These Mission Nutrition Advisors (similar to the recently filled Mission Gender Advisor positions⁵⁶) would help develop a coordinated nutrition strategy at the mission level to support country-led nutrition strategies and would contribute to the joint planning and management of integrated nutrition portfolios (which are now spread across sectors). They would be the key liaisons with the Nutrition Point Persons at headquarters and would coordinate with the host government, local and international civil society organizations, and other donors who support SUN activities in country.⁵⁷ Working with technical staff, the Mission Nutrition Advisors will help the mission address nutrition policy issues across the portfolio. This may include developing in-house nutrition capacity, providing technical assistance, reporting on nutrition, and guiding policy and programs. The advisors need not be formally trained nutritionists, but they should have sufficient knowledge, skills, and abilities in nutrition technical interventions—perhaps based on field experience or collaborative work with implementing partners or other donors—to fulfill these responsibilities.
- Standardize nutrition-related positions at headquarters and overseas, using consistent position titles,⁵⁸ job descriptions, clearly defined roles and responsibilities, and qualification requirements.
- Increase staffing of Nutrition Technical Advisors who have technical training and a background in nutrition, both at headquarters and in field missions.

Harmonizing Operational and Technical Guidance for Nutrition

Overview

Official operational and technical guidance for nutrition is fragmented across agencies, bureaus, and offices.⁵⁹ Since each agency/office has its own nutrition guidance, it is hard to implement a single coherent U.S. government interagency nutrition strategy at the country level. This is especially true because there is limited guidance on how to link with other U.S. government nutrition programs. The Nutritional Operational Guidance for USAID Missions⁶⁰

outlines a strategy, rationale for investment, priority investment areas, and guidelines for conducting the country assessments needed to develop a long-term, integrated nutrition strategy. This is a tool for missions as they move forward in planning nutrition programs, but it lacks sufficient detail and is limited to these two initiatives (GHI and FTF). It has not been disseminated to all agencies, bureaus, and offices involved in managing and planning nutrition programs.

According to the FTF Guide, “GHI nutrition programs are coordinated with the FTF initiatives.”⁶¹ However, FTF policy and technical documents lack clear guidance, evidence, and tools on how to improve nutrition outcomes through agricultural development programs. It is also unclear how GHI nutrition programs and activities will be appropriately and consistently coordinated with FTF nutrition programs and activities at the country level and headquarters. Resolving these issues is essential to implementing a consistent approach to scaling up nutrition.

To ensure consistent and integrated nutrition programming, it is important to streamline operational guidance. For example, when a need for operational guidance was identified in the implementation of PEPFAR, the PEPFAR Country Operational Plan⁶² was created. A harmonized, interagency nutrition guidance document that is readily available and consistently followed would create a policy, planning, and reporting framework for nutrition. Once it is developed, it is important to ensure that the guidance document is cascaded down to the mission level and disseminated through formal interagency field communications, such as State Department cables and messages to ambassadors.

A harmonized nutrition operational guidance would clearly define what constitute nutrition-specific and nutrition-sensitive interventions. It could include step-by-step directions for documenting annual nutrition investments and anticipated results and could be used to support the annual bilateral nutrition funding requests to Congress. It could also be used to guide funding allocations and budget tracking of nutrition interventions with corresponding targets. It would guide the development of an annual interagency work plan for nutrition. Finally, improved operational guidance that is publicly available will enable better program transparency and accountability.

An interagency guidance document for implementing partners, similar to the PEPFAR “Technical Considerations⁶³” document, would be equally helpful. This interagency technical guidance on nutrition could serve as a guide for program planning. It could include interventions that have been recommended by a normative body (e.g., the World Health Organization) and those that are included in the SUN country guidelines. It would define and prioritize nutrition interventions and differentiate and clearly define

nutrition-sensitive versus nutrition-specific programming. Other approaches⁶⁴ should also be considered in the technical guidance—for example, recommendations in the World Health Organization Infant and Young Child Feeding guidance. The guidance should consider other global initiatives as well as the work being done by other donors and SUN countries to improve coordination and align investments for joint outcomes.

It is important to clearly define “nutrition-specific” and “nutrition-sensitive” interventions.⁶⁵ This will enable staff to aggregate nutrition data across funding sources, and to consolidate information related to budgeting, reporting, reviewing, and data analysis across targeted countries. Such a compilation of data will increase the evidence base for nutrition-specific and nutrition-sensitive interventions in agriculture-related FTF programming. It would also create a vehicle for program feedback that could be used to inform policy decision-making and annual program adjustments.

In addition, interagency nutrition working groups⁶⁶ should be reactivated and repurposed to be the principal mechanism in FTF and GHI for providing technical support to country teams for implementing nutrition activities. Lessons might be learned from State of the Art (SOTA) meetings such as the “Getting the Knack of NACS” (Nutrition Assessment, Counseling and Support)⁶⁷ meetings, at which U.S. government staff, civil society, and implementing partners can all learn about the latest program updates and best nutrition practices.

It will be important to ensure that these guidance documents are developed in participatory ways (e.g., by sharing drafts broadly, allowing sufficient time for input, and clarifying which input has been accepted and the reasoning behind it). Input from missions, local civil society groups, international NGOs, and implementing partners should be sought and then widely shared and disseminated to the field. One mechanism to ensure that guidance is being shared with implementing partners and civil society in the field would be to establish regular USAID Implementing Partners Group meetings for nutrition.

Recommendations

- The Nutrition Operational Guidance for Missions document needs to be revised and widely disseminated.
- A corresponding Interagency Nutrition Policy and Operational Guidance document needs to be developed.
- A Nutrition Technical Considerations guidance document for missions and implementing partners needs to be developed, with clearly defined and prioritized nutrition interventions that can be supported by FTF and GHI programs. Common nutrition interventions, target populations, and geographic focus areas need to be

defined, agreed upon, and prioritized. Existing technical guidance developed from the Food and Nutrition Technical Assistance (FANTA) project can be leveraged.

Monitoring, Evaluating, and Reporting to Increase Accountability

Overview

The U.S. government has committed to deliver on sustained and accountable programming.⁶⁸ Creating, implementing, and strengthening a single interagency, transparent⁶⁹ monitoring and evaluation (M&E) and reporting system for nutrition is critically important to being able to sustain nutrition investments. Such a system will ensure that relevant, timely, and accurate data are made available to policy leaders and program managers. It will also ensure that desired nutritional outcomes are met. Current capacity limits the ability of USAID missions to adequately carry out monitoring, evaluation, and reporting responsibilities in addition to existing responsibilities such as planning and managing expanding portfolios, coordinating guidance in-country, and setting nutrition targets. Yet promoting learning and accountability through monitoring and evaluation is a core principle of FTF and GHI.⁷⁰ In addition to helping to build local capacity for data collection, monitoring, and evaluation, a streamlined interagency M&E system for nutrition is critical to measuring the success of investments seeking to achieve sustainable nutrition outcomes.

Baseline Data and Clear Targets to Enable Impact Measurements:

It is important to monitor and evaluate performance on a regular basis to ensure that nutrition programs are achieving the desired results. Although there are many U.S. government indicators for nutrition programs,⁷¹ they are not consistently

applied, making it difficult to track progress. Also, the indicators have not been harmonized across agencies, bureaus, and offices, resulting in duplication and inconsistencies. It is essential to establish country-level baseline values (first primary data collection) and set clear targets for FTF and GHI nutrition indicators.

Baseline data not only helps plan, manage, and assess program progress, but it also provides information needed to meet reporting requirements. Data from baseline surveys provides benchmarks against which progress, impact, and effectiveness can be measured. However, baseline data for nutrition in FTF and GHI focus countries is not being published on a timely basis. The Population Based Survey (PBS)^{72,73,74} is the instrument for data collection being used to establish FTF Zone of Influence indicators. However, so far only one PBS has been carried out. Two others, in Tanzania and Ghana, are now in progress. As yet, no country-level targets for nutrition have been made publicly available.

Indicator Harmonization: Reporting on nutrition indicators is required under both GHI and FTF. However, these indicators have not been harmonized at the country level with other global nutrition indicators (e.g., those of WHO). It is important to align nutrition performance indicators with global indicators in order to support national nutrition strategies and desired outcomes. A lesson might be learned from PEPFAR. Indicator harmonization was also a difficulty in the early stages of PEPFAR implementation, but harmonization was ultimately achieved through successful interagency and donor collaboration and coordination. The U.S. government and other donors rely on national data from targeted countries to determine program impact in the long term, so strong support for harmonized nutrition indicators is critical.

Monitoring & Evaluation and Reporting Guidance: The U.S. government must invest sufficient resources and technical expertise in improving nutrition data collection, monitoring, and reporting systems. Tasks include standardizing nutrition indicators and mapping out data collection and reporting needs in both community and clinical settings. Timely nutrition data from interagency program implementing partners can inform the budget process and can also be used to estimate the cost of future integrated nutrition efforts. Doing so will require harmonized reporting and M&E guidance for joint, consistent data collection, planning, and monitoring of nutrition programming (for FTF, GHI, and other agencies, bureaus, and offices).

Involving implementing partners in the development of the guidance will help ensure its legitimacy, acceptance, and more consistent implementation. Clear guidance on how to set program-level targets needs to be developed. It is important to align nutrition guidance with the Feed the Future Monitoring System (FTFMS),^{75,76} an interagency monitoring



Scott Bleggs/Bread for the World

A child's Mid Upper Arm Circumference (MUAC) is measured by a USAID-trained community volunteer in Coban, Guatemala.

system that tracks results at a country or population level using the “Zones of Influence” approach. The guidance must also be aligned with the Foreign Assistance Coordination and Tracking System (FACTS), a new database used to collect, aggregate, and analyze foreign assistance planning and performance-reporting data. Country-owned M&E plans for nutrition, jointly developed with Ministries of Health, other ministries, and civil society, will allow these data and indicators to be integrated into existing national health data systems. This will provide an important first link between “whole of government” and “country-led” approaches in scaling up the development of nutrition policies and programs.

Transparency and Accountability for Results: GHI and FTF are working towards a goal of reducing child undernutrition by 30 percent in five years (by 2015) in their focus countries. Recently, USAID conducted a targeting exercise, based on population data and the latest Demographic Health Surveys, to establish estimated 2010 indicator baselines and projected 2015 targets within the FTF Zones of Influence. However, it is not clear how country and field support programs will contribute to meeting these targets and results. Which government agency, bureau, or office will be accountable for meeting cumulative targeted results? What are the various country-level and program-level targets? How will nutrition outcomes be measured and attributed to FTF investments? These are the types of questions that should be addressed in a whole of government nutrition strategy. Doing so will help ensure that nutrition investments achieve the desired results.

Recommendations

- Document, make public, and disseminate country baseline targets for nutrition, explaining how the targets were developed and which programs and implementing partners are expected to achieve the targeted results.
- Harmonize nutrition indicators with clear agreed-upon definitions. Further, harmonize these indicators with those of other global development partners (e.g., SUN, WHO, UNICEF, World Bank). All nutrition programs, regardless of implementing agency, bureau, or office, should be reporting using common indicators that support country and global nutrition targets.
- Harmonize reporting and M&E guidance for nutrition to produce an Interagency Nutrition Monitoring & Evaluation and Reporting Guidance report. This could be part of the Nutrition Technical Considerations guidance document previously mentioned.

Looking Forward: A Call to Action

The United States is positioned as a global leader in efforts to scale up nutrition. This is the result of political

commitment at the highest levels and the recognition that nutrition-sensitive development assistance is an investment that offers high dividends. Attention to improving nutrition in the 1,000-day window between pregnancy and age 2 in Feed the Future and the Global Health Initiative serves to focus this commitment.

“In the face of growing malnutrition worldwide, the international community has established ambitious goals toward halving global hunger, including significant financial commitments to increase aid for agriculture and food security. Given the size of the problem and how difficult it has historically been to address it, this effort will require a long-term, sustained commitment on the part of the international donor community, including the United States.”

– U.S. Government Accountability Office⁷⁷

Each year, 2.6 million children die as a result of malnutrition, and one in four children around the world are stunted. Stunting is a tragedy in and of itself, since children who survive early malnutrition suffer lifelong health, cognitive, and physical consequences. Malnutrition is also an economic crisis for high-burden countries—costing them 2-3 percent of national income every year. Already, 27 countries are committed to scaling up nutrition through the SUN movement. It is critical to seize this momentum and to ensure that the United States continues to be a partner in this effort for the long haul. Action must be taken now to assess and invest in the capacity of USAID to support efforts to scale up nutrition.

The U.S. government has taken steps toward developing a government-wide strategy on nutrition. These include developing integrated nutrition investment frameworks,⁷⁸ improving program and policy coordination, and identifying high-burden countries for targeted assistance. In moving forward with efforts to strengthen and sustain U.S. government investments, it is important to develop a “whole of government” approach to address undernutrition in target high burden countries. The approach should include a nutrition strategy, a budget specifically for nutrition, and a high-level nutrition focal point. Clear operational and technical guidance and investments in staff capacity will help streamline, identify, and scale up effective nutrition interventions and programs. Enhancing coordination and collaboration among agencies, bureaus, and offices that implement nutrition policy and programs will help meet the goal and specific targets for improving maternal and child nutrition.

The Lancet calls the President's Emergency Plan for AIDS Relief (PEPFAR) the largest and most successful bilateral HIV/AIDS program worldwide.⁷⁹ While it is true that PEPFAR is disease focused and that improving maternal and child nutrition will require a multi-sectoral approach, PEPFAR represents an important whole of government model for interagency collaboration and public health impact. It also has very specific goals. Table 2 offers some lessons from PEPFAR's experience that could be applied to nutrition.

Table 2 Learning from the PEPFAR Model “Whole of Government” Approach: Key Factors of Success

Interagency Coordination at Headquarters: PEPFAR represents the first U.S. government effort that strongly emphasizes a unique interagency model of coordination of management and operations within the mission of each country.⁸⁰ In 2010,⁸¹ PEPFAR country teams re-evaluated their U.S. government staffing footprint and organizational structure to focus on “one U.S. government team” to maximize interagency planning, implementation, and evaluation for HIV/AIDS programming.

- *Scaling up support for nutrition in target countries will require a similar model of coordination and management.*

Interagency Coordination in Missions: An Interagency PEPFAR Coordinator was placed in missions to coordinate and implement a whole of government approach to HIV/AIDS. The coordinator is the principal advisor to the ambassador on activities related to PEPFAR. The coordinator facilitates collaboration in pursuit of objectives and facilitates the Interagency Country Team to ensure effectiveness in achieving targets. He or she coordinates program management, planning, budgeting, and reporting processes for the PEPFAR program.

- *A Mission Nutrition Advisor can play a key facilitating role in joint program management, planning, budgeting, and reporting to achieve interagency nutrition targets.*

Scaling Up Human Resources for Health: PEPFAR invests in workforce planning and rationalization as an essential component of responding to health workforce shortages and retention issues.⁸²

- *Invest in stronger nutrition workforce planning, nutrition leadership, increase and strengthen the technical and operational capacity of existing staff, and deploy Nutrition Advisors to missions to achieve ambitious nutrition targets.*

Country Ownership:⁸³ PEPFAR invests in country ownership for governments and the engagement of all sectors to set national guidance and norms for the private sector and NGOs to promote good governance and a results-based approach.

- *Countries with high-impact nutrition programs need to be closely involved with planning, target setting, and results monitoring to promote ownership and accountability.*

Accountability for Results:⁸⁴ PEPFAR has a strong focus on results that prioritizes evidence of impact and strong accountability measures to establish a continuum of indicators—from planning to outputs to outcomes and impact. This strengthens not only the monitoring and evaluation system, but also the overall health system.

- *In order to strengthen accountability for results, clear interagency nutrition monitoring, evaluation, and reporting guidance needs to be established, along with clear county-level targets and responsibility for achieving them.*

Learning from the PEPFAR Model “Whole of Government” Approach: Challenges Presented

Mission-Level Costing, Budgeting, and Planning: A GAO report⁸⁵ suggests that PEPFAR needs to provide appropriate guidance to country teams on how to identify and use cost-related information in planning and budgeting PEPFAR programs.

- *Appropriate guidance for missions to cost, plan, and budget for interagency nutrition programming is critical given significantly larger nutrition portfolios.*

Limited Oversight of Prime Implementing Partners and Sub-Partners: GAO⁸⁶ also notes several weaknesses that limit the ability to oversee contractor activities, limiting accountability for PEPFAR funds.

- *Oversight positions at headquarters and in missions need to be increased to ensure that implementing partners receive appropriate guidance for program implementation and accounting for results.*

Limited Local Partner and Country Capacity: Inability to develop, lead, and implement national HIV/AIDS programs was cited in another GAO report⁸⁷ as negatively affecting coordination efforts.

- *Significant investment in local capacity development, especially strengthening institutional, managerial, and technical capacity for Ministries of Health, local NGOs, and other organizations, needs to take place alongside efforts to scale up nutrition.*

Endnotes

¹ The Scaling Up Nutrition movement, or SUN, is a global push for action and investment to improve maternal and child nutrition. SUN helps governments, civil society, businesses, development agencies, international organizations, and foundations to synergize their support to communities as they reduce malnutrition and to demonstrate their results.

² GAO-09-666 President's Emergency Plan for AIDS Relief. <http://www.gao.gov/assets/300/292421.pdf>

³ The World Bank. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTNUTRITION/0,,contentMDK:22555092~menuPK:282580~pagePK:148956~piPK:216618~theSitePK:282575~isCURL:Y,00.html>

⁴ World Health Organization. http://www.who.int/nutrition/topics/Partner_agency_consultation_LA.pdf

⁵ Lacey and Pritchett, JADA 2003; 103:1061-1072.

⁶ *The Lancet* Series on Maternal and Child Undernutrition, Executive Summary, 2008.

⁷ The United States Agency for International Development (USAID), Fiscal Year 2011, Agency Financial Report, 2011, page 4.

⁸ USAID ADS Chapter 101 Agency Programs and Functions. September 2011. <http://www.usaid.gov/policy/ads/100/101.pdf>

⁹ Introducing the Policy Brief: Scaling-Up Nutrition: A Framework for Action. David Nabarro, Special Representative of the U.N. Secretary General for Food Security and Nutrition (Revised April 2010). <http://siteresources.worldbank.org/NUTRITION/Resources/042410DavidNabarroIntroducingtheSUN.pdf>.

¹⁰ *The Lancet's* series on Maternal and Child Undernutrition. *The Lancet*, Volume 371. 2008.

¹¹ The 1970s were marked by a significant departure from past practices in the delivery of U.S. development assistance. A "basic human needs" approach replaced technical and capital assistance programs. It stressed food and nutrition; population planning; and health, education, and human resources development. USAID History Accessed at http://www.usaid.gov/about_usaid/usaidhist.html

¹² <http://www.thousanddays.org>

¹³ <http://www.scalingupnutrition.org/wp-content/uploads/2011/05/120410-SUN-Lead-Group-release-SG-Appoints-27-leaders-to-head-SUN.pdf>

¹⁴ Accessed at <http://www.whitehouse.gov/the-press-office/2012/05/18/remarks-president-symposium-global-agriculture-and-food-security>

¹⁵ www.apromiserenewed.org

¹⁶ FY 2009 GHI funding for nutrition was \$55 million (.65% of total GHI), FY 2010 \$75 million (.84%), FY 2011 \$90 million (1 %).

¹⁷ <http://www.kff.org/globalhealth/upload/8160.pdf>. Nutrition was previously included in the Maternal and Child Health account.

¹⁸ *Reshaping Agriculture in Health*, edited by Shenggen Fan and Rajul Pandya-Lorch, International Food Policy Research Institute, Washington, DC, 2012.

¹⁹ Malnutrition rates in high burden countries are much higher than in other countries with similar national incomes.

²⁰ When referring to the U.S. government in this paper, we are mainly referring to the agencies, bureaus, and offices that are involved in development assistance policy and programs on nutrition: the U.S. Departments of Agriculture (USDA), Health and Human Services (HHS), State Department; the Centers for Disease Control and Prevention (CDC); the U.S. Agency for International Development (USAID); the Millennium Challenge Corporation (MCC); and the Peace Corps.

²¹ Testimony of Gloria Steele, Senior Deputy Assistant Administrator, Bureau for Global Health. FY 2011 Global Health and Child Survival Budget Request, before the Subcommittee on State, Foreign Operations, and Related Programs Committee on Appropriations, U.S. House of Representatives, March 23, 2010. <http://kosovo.info.usaid.gov/press/speeches/2010/ty100323.html>

²² GHI acts as an "umbrella" over most, but not all, existing U.S. global health programs; together, GHI programs comprise more than 80 percent of total funding for global health. GHI brings together several existing funding streams for global health. Most of these have been designated by Congress for specific global health activities but have not historically been aggregated into a single "global health budget." These include funding for HIV/AIDS, tuberculosis (TB), and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) under the President's Emergency Plan for AIDS Relief (PEPFAR); malaria, including the President's Malaria Initiative (PMI); neglected tropical diseases; maternal, newborn, and child health (MNCH); family planning and reproductive health (FP/RH); and nutrition. (The U.S. Global Health Initiative (GHI), February 2011. Accessed at <http://www.kff.org/global>

[health/upload/8116.pdf](http://www.kff.org/globalhealth/upload/8116.pdf))

²³ GHI designates improved nutrition as one of its six focus areas and supports country-owned programs for undernutrition, especially in mothers and children under 2 years of age.

²⁴ *Leading Through Civilian Power. The First Quadrennial Diplomacy and Development Review*. 2010.

²⁵ *Feed the Future Guide*, May 2010.

²⁶ *Feed the Future Guide*. May 2010, page 13.

²⁷ USAID. *Fiscal Year 2011. Agency Financial Report*.

²⁸ In "Global Nutrition Institutions: Is There an Appetite for Change?", the Center for Global Development reports that when a number of key stakeholders and thinkers in the field of global nutrition were asked in interviews to articulate the major institutional weaknesses, the top response was lack of institutional leadership. http://www.cgdev.org/files/1422612_file_Global_Nutrition_Institutions_FINAL.pdf

²⁹ Nutrition-related advisor positions are scattered throughout Agencies, Bureaus and Offices throughout the U.S. Government without any active interagency coordinating mechanism these focal nutrition persons meet ad hoc that limits interagency planning and coordination, they also report to their own Agency/Bureau/Office that also prevents coordination. USAID has Senior and Mid-level Nutrition (& Food Security) Advisors in the Bureau for Food Security (BRS); the Bureau of Global Health (GH)- Offices of HIV/AIDS (OHA) and Office of Health, Infectious Diseases and Nutrition (HIDN); the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)-Offices of Food for Peace (FFP) and Office of Foreign Disaster Assistance (OFDA). The United States Department for Agriculture (USDA) through its Foreign Agricultural Services also has Nutritionist positions. To further complicate things, these individuals also report to competing U.S. initiatives including GHI, FTF, PEPFAR and PMI. Lines of authority and accountability are not clear. Furthermore, there is only one management position, the Nutrition Division Chief, which does not have any authority over nutrition focal persons in other U.S. Government agencies and offices.

³⁰ *Ibid*.

³¹ The GHI is intended to coordinate health activities across three U.S. agencies, USAID, the State Department's Office of the Global AIDS Coordinator (OGAC), and the Centers for Disease Control and Prevention (CDC), and four multi-agency initiatives, PEPFAR,

the President's Malaria Initiative (PMI), Feed the Future (FTF), and the Neglected Tropical Disease Initiative (NTD). The GHI also incorporates a broader set of government agencies through the GHI strategic council; however, the role of the strategic council in implementation is currently unclear. Before March 2011, Secretary of State Hillary Clinton was the de facto leader of the GHI. In January 2012, Lois Quam was appointed executive director, and currently coordinates the GHI from her office. Within the State Department Quam oversees the GHI Operations Committee comprised of Dr. Rajiv Shah, administrator of USAID; Ambassador Eric Goosby, U.S. Global AIDS Coordinator; and Dr. Thomas Frieden, director of the CDC. According to the December 2010 Quadrennial Diplomacy and Development Review (QDDR), control of the GHI is targeted for transfer to USAID by September 2012, but only after USAID meets a set of benchmarks that demonstrate its ability to lead the GHI. PEPFAR is the only exception to this consolidation and will remain under the OGAC. It is currently unclear what GHI leadership really means and whether USAID will assume this role. (GHI Mid-Term Review and a Way Forward. A Report of the Rethinking U.S. Foreign Assistance Program. http://www.cgdev.org/files/1425914_file_NO_RS_GHI_FINAL.pdf)

³² GAO Report to the Ranking Member, Subcommittee on National Security, Homeland Defense, and Foreign Operations, Committee on Oversight and Government Reform, House of Representatives, Defined Roles and Improved Information Sharing Could Enhance Interagency Collaboration, May 2012, <http://www.gao.gov/assets/600/590747.pdf>

³³ The following are considered potential "nutrition sensitive" programs, but more evidence and examples are needed to prove that they are in fact improving nutrition outcomes: biofortification to yield stronger crops and better nutrition for consumers; better feeding practices; improved storage practices at both the community and farm levels to preserve nutrients; micronutrient fortification; and water, hygiene, and sanitation interventions.

³⁴ Global Health Initiative and Feed the Future, "USAID Nutrition Approach: Where are we now? Where are we going? How are we getting there?" USAID Presentation: December 15, 2011.

³⁵ <http://www.kff.org/globalhealth/upload/8160.pdf>

³⁶ Note: other mechanisms and accounts, such as Development Assistance, Food for Peace Act, and Economic Support Funds, receive benchmarked funding for nutrition-

sensitive programs. Thus, for FY 2012, \$225 million is the total request for nutrition for dedicated foreign assistance funds. Department of State, Executive Budget Summary, Function 150 & Other International Programs. FY 2013, Table 12k: Nutrition by Account - FY 2013.

³⁷ Congressional Research Service, USAID Global Health Programs: FY2001-FY2012 Request, by Tiaji Salaam-Blyther, Specialist in Global Health. June 30, 2011. Accessed at <http://fpc.state.gov/documents/organization/168103.pdf>

³⁸ The Global Health and Child Survival (GHCS) account has been renamed Global Health Programs (GHP). The first proviso notes that GHP shall be made available, among other longstanding items, for "training, equipment, and technical assistance to build the capacity of public health institutions and organizations in developing countries." USAID Changes to Law Memo FY 2012. An Additional Help for ADS Chapters 200-203. Reference Issuance Date: 01/19/2012. <http://www.usaid.gov/policy/ads/200/200sb.pdf>

³⁹ The three required nutrition-related indicators for all FTF countries are: 1) % Change Prevalence of stunted children under five years of age, 2) % Change Prevalence of wasted children under five years of age and 3) % Change Prevalence of underweight women.

⁴⁰ For example, nutritional assistance implemented as part of PEPFAR or FTF is not broken out.

⁴¹ <http://www.state.gov/documents/organization/185014.pdf>, page 336-337, accessed May 24, 2012.

⁴² Kaiser Family Foundation, "Resources on the U.S. Global Health Initiative," October 12, 2011, <http://www.kff.org/globalhealth/Resources-on-the-US-Global-Health-Initiative.cfm>

⁴³ The Kaiser Family Foundation. U.S. Funding for the Global Health Initiative (GHI): The President's FY 2012 Budget Request. March 2011.

⁴⁴ FY 2009 GHI funding for nutrition was \$55 million (.65% of total GHI), FY 2010 was \$75 million (.84%), FY 2011 was \$90 million (1 %).

⁴⁵ Other U.S. government funding mechanisms that are primarily used for nutrition-sensitive activities and are part of the larger U.S. global health investment for nutrition, but that are not included in the current GHI budget, include 1) Development Assistance Account (DA) funds, 2) Economic Support Fund Account (ESF), 3) Food aid primarily through PL 480 Title II (the U.S. food aid program managed by USAID which provides

micronutrients and other nutrition support to mothers, children, and newborns), and 4) the McGovern-Dole International Food for Education and Child Nutrition Program at USDA (Agriculture), which also supports maternal and child nutrition projects. The level of investments in nutrition and nutrition-sensitive programs through these funding mechanisms varies by fiscal year. Thus, for FY 2012, \$225 million is the total request for nutrition from foreign assistance funds.

⁴⁶ <http://globalhealth.kff.org/Policy-Tracker/Content/2012/February/13/FY13-Budget-Request.aspx>

⁴⁷ Strengthened leadership in this paper refers to more clearly designating the role and responsibility for developing and implementing nutrition policy, coordinating across the government, monitoring progress, and ensuring accountability. "The government leadership role goes well beyond the nutrition services provided by the public sector to include formulation of strategic policy directions, an appropriate regulatory and enforcement framework for private as well as public provision of services, and monitoring to measure progress and ensure accountability." This includes high-level political champions and leadership on nutrition within U.S. government headquarters and overseas offices (Scaling Up Nutrition: A Framework For Action, 2011). Accessed at <http://www.thousanddays.org/wp-content/uploads/2011/05/scalingup.pdf>. If they are to be effective, public sector leaders need sufficient freedom to lead and to be supported and challenged by others within and beyond their organizations. (Strengthening Leadership in the Public Sector - A Research Study by the Performance and Innovation Unit (PIU). Accessed at <http://www.nursingleadership.org.uk/publications/piu-leadership.pdf>)

⁴⁸ Scaling Up Nutrition Progress Report, September 2011, <http://www.scalingupnutrition.org/wp-content/uploads/2011/09/111006-ENGLISH-SUN-Progress-Report-ROME-VERSION.pdf>, page 13, accessed May 25, 2012.

⁴⁹ Agreement Officer Representatives (AOR) and Contract Officer Representatives (COR) provide administrative and technical oversight of implementing (prime) partners. These representatives are qualified individuals appointed by the contracting officer to assist in the technical monitoring or administration of a contract or grant. Their duties include monitoring performance against purpose and stipulations; advising the agreement officer on technical matters; and providing supportive supervision and documentation. <https://www.acquisition.gov/>

⁵⁰ It is important to recognize the need for a mix of nutrition technical advisors—who are experts in nutrition (with a nutrition degree and training), hired to provide expertise and advice—and program managers who can assume coordination roles as well as AOR/COR roles and responsibilities.

⁵¹ Based on extensive informal interviews with multiple USAID headquarter and mission staff with nutrition responsibilities.

⁵² An analysis of common USG foreign assistance positions that carry nutrition-related roles and responsibilities found that these are the common position names (in alphabetical order): Agriculture Officer, Food and Nutrition Advisor, Food for Peace Officer, Nutrition Advisor, Nutrition Technical Advisor, Nutritionist (Nutrition Advisor), Population Health and Nutrition (PHN) Officer (Foreign Service), Regional Nutrition and HIV Advisor, Senior Maternal Health Advisor, Senior Nutrition and Water, Sanitation and Hygiene (WASH) Advisor, Senior Regional Nutrition Specialist, Surge Response Food for Peace Officer, Technical Advisor I, Technical Advisor II, Technical Advisor III and Water, Sanitation and Hygiene Advisor.

⁵³ Global Health Initiative and Feed the Future, “USAID Nutrition Approach: Where are we now? Where are we going? How are we getting there?”

USAID Presentation: December 15, 2011.

⁵⁴ See footnote 41. Source: <https://www.acquisition.gov/>

⁵⁵ USAID’s Global Health Strategic Framework: Better Health for Development, FY 2012-FY 2016.

⁵⁶ New Gender Advisors have been appointed in many missions and trained on how to see through a “gender lens” to design more effective projects for both women and men.

⁵⁷ USAID’s Global Health Strategic Framework: Better Health for Development, FY 2012-FY 2016, states that “Building on earlier successful pilot programs, USAID is working with country governments to bring nutrition programs to national scale.”

⁵⁸ *Ibid.*

⁵⁹ Existing technical and operational guidance for nutrition includes (but is not limited to): Global Health Initiative Nutrition Operational Guidance for Missions; Guidance for Global Health Initiative Country Strategies. GHI Guidance 2.0 Reviewed: February 2011. Revised: May 2011; Integrated Nutrition Investment Frameworks (INIF) Guidance; Foreign Assistance Coordination and Tracking System (FACTS) USAID guidance; Feed the Future Guide. May 2010. U.S. Government’s

Global Hunger and Food Security Initiative; Feed the Future Monitoring System 2011 USAID Guidance; PEPFAR Fiscal Year 2013 Country Operational Plan (COP) Guidance; PEPFAR Technical Considerations provided by PEPFAR Technical Working Groups for FY 2013 COPS and ROPS; USAID Five-Year Strategy for Nutrition, 2010; USAID Title II: Bureau for Democracy, Conflict and Humanitarian Assistance Office of Food for Peace Fiscal Year 2012: Questions and Answers on Health and Nutrition Programming: Title II Development Programs; USAID Title II: Title II Technical Reference Materials. TRM-01: Preventing Malnutrition in Children Under 2 Approach (PM2A): A Food-Assisted Approach. Version 1: October 2009. Washington, DC: Food and Nutrition Technical Assistance II Project (FANTA-2), Academy for Educational Development (AED), 2009; Bellmon Estimation Studies for Title II (BEST).

⁶⁰ Nutrition Operational Guidance for Missions, February 2010: <http://www.usaid.gov/ml/documents/SuccessStories/AEG/Resources/USAID%20Mali%20Agricultural%20Options%20Framework%20for%20Nutrition%20FTF.pdf>

⁶¹ Feed the Future Guide, May 2010: Available at: <http://www.feedthefuture.gov/guide.html>

⁶² <http://www.pepfar.gov/countries/cop/>

⁶³ <http://www.pepfar.gov/documents/organization/169737.pdf>

⁶⁴ Approaches such as the Essential Nutrition Actions (ENA), which are affordable, proven nutrition interventions that can be delivered at health facilities and communities to improve the nutritional status of women and children. They encompass a menu of recommendations for optimal infant and young child feeding behaviors, maternal nutrition behaviors, and micronutrient intake for women and children. These recommendations are to be promoted at health facilities and during community-based activities and home care. Source: CORE Group. Nutrition Working Group. Nutrition Program Design Assistant: A Tool for Program Planners, Washington, DC: 2010, Nutrition, Assessment, Counseling and Support (NACS), Best Practices at Scale in the Home, Community and Facilities (BEST). These approaches are used in some GHI countries to help ensure that state-of-the-art programming of evidence-based nutrition interventions and stronger technical leadership complement ongoing nutrition work and program integration.

⁶⁵ The U.K. aid agency, DFID, has defined ‘nutrition sensitive’ development as “adjusting and re-designing programs across a range of sectors which have potential to address

the underlying causes of undernutrition, to ensure that they deliver results for nutrition.”

⁶⁶ There is a GHI Interagency Working Group, but it is inactive. There is also a PEPFAR nutrition interagency technical working group that meets on an ad hoc basis and has recently been inactive.

⁶⁷ CORE Group, Getting the Knack of NACS: SOTA Meeting on Nutrition, Assessment, Counseling and Support (NACS), February 2012, Washington D.C. Meeting Report.

⁶⁸ The G-8 joint statement was agreed upon in LAquila, Italy, in July 2009.

⁶⁹ Drawing from the evidence gathered in “Aid for Nutrition,” Action Against Hunger recommended that all donors should improve their reporting and transparency and that donors and governments should dramatically increase their investments in nutrition-specific interventions. “Can investments to scale up nutrition actions be accurately tracked?” <http://reliefweb.int/sites/reliefweb.int/files/resources/Aid%20for%20Nutrition%20low%20res%20final.pdf>

⁷⁰ Guidance for Global Health Initiative Country Strategies. Guidance 2.0.

⁷¹ The government has both required and optional indicators for nutrition in these offices and initiatives: FTF, PEPFAR, PMI, GHI, USAID-Office of Foreign Disaster Assistance (OFDA), and Office of Food for Peace (FFP).

⁷² Carlson and Glandon, June 2009. Tracking Household Health Expenditures in Developing Countries through Major Population-based Surveys, Health Systems 20/20 project, Abt Associates Inc.

⁷³ Feed the Future Monitoring System. 2011 USAID Guidance, December 2011.

⁷⁴ Prepared by the Evaluation Technical Working Group of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Monitoring and Evaluation Reference Group, June 2008.

⁷⁵ FTFMS reports on a selection of required FTF impact and outcome indicators in Zones of Influence. This generally includes a baseline, midterm, and final end of program population-based survey. Data from this survey is intended to provide a means of looking at population level changes within the Zones of Influence (between baseline and final) in FTF indicators of poverty, per capita expenditures, nutritional status, women’s empowerment, household hunger, dietary diversity, and infant and young child feeding behaviors over the life of the project.

⁷⁶ <http://www.feedthefuture.gov/progress>

⁷⁷ GAO, Report to Congressional Commit-

tees. Global Food Security, U.S. Agencies Progressing on Government-wide Strategy, But Approach Faces Several Vulnerabilities. March 2010.

⁷⁸ Integrated nutrition investment frameworks have been conducted in select FTF and GHI nutrition focus countries. However, framework development has been inconsistent.

⁷⁹ Appointment of PEPFAR head should be merit based [editorial]. *The Lancet*. 2009;373:354. doi:10.1016/s0140-6736(09)60112-4.

⁸⁰ Statement of Thomas J. Walsh, Acting Deputy U.S. Global AIDS Coordinator, before the

United States House of Representatives Subcommittee on State, Foreign Operations, and Related Programs, May 20, 2009, <http://www.pepfar.gov/press/remarks/2009/123677.htm>

⁸¹ <http://www.pepfar.gov/about/2010/150591.htm>

⁸² Report to Congress by the U.S. Global AIDS Coordinator on Best Practices and Cost Effectiveness, August 2010.

⁸³ Lessons Learned From PEPFAR, Dybul, Mark. AIDS: Journal of Acquired Immune Deficiency Syndromes: November 2009 - Volume 52 - Issue - pp S12-S13 doi: 10.1097/QAI.0b013e3181bbc98d.

⁸⁴ Ibid.

⁸⁵ GAO, President's Emergency Plan for AIDS Relief. Partner Selection and Oversight Follow Accepted Practices but Would Benefit from Enhanced Planning and Accountability. July 2009. <http://www.gao.gov/highlights/d09666high.pdf>

⁸⁶ Ibid.

⁷ GAO, President's Emergency Plan for AIDS Relief. Efforts to Align Programs with Partner Countries' HIV/AIDS Strategies and Promote Partner Country Ownership. September 2011.



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425 3rd Street SW, Suite 1200, Washington, DC 20024

Tel 202.639.9400 Fax 202.639.9401

institute@bread.org www.bread.org/Institute

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