



Nutrition In Feed The Future

JANUARY 2022

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What Impact Does ‘**Feed the Future**,’ —the ‘*United States Government’s Global Hunger and Food Security Initiative*,’ Have on Improving Nutrition?

Executive Summary

This policy brief summarizes the findings from a comprehensive desk review and situational analysis of Feed the Future programming to improve nutritional impact and outcomes - especially for women’s and children’s nutrition across focus countries - since 2011. This analysis covered the period from FTF’s beginning in Phase 1 (2010-16) to its present implementation in Phase 2 (2017-21). The analysis was conducted from January to August 2020 and does not include any updated data, evaluations or guidance from September 2020 to the publish date of this brief. In addition to the desk review, there were focused discussions with both previous and current U.S. Government staff that helped to clarify questions and highlight the best practices for scaling up to help achieve longer-term nutritional outcomes and impacts. Both the document review and interviews helped identify best practices, challenges and lessons learned. The findings will help in formulating the final recommendations for an even stronger U.S. government response to global nutrition programming in the next phase of the global hunger and food security initiative.

Overall, the Feed the Future (FTF) program has had mixed results in terms of impact on global nutrition programming. FTF has made significant impact in several areas, some of which are listed below:

- It has elevated the political will for investment in nutrition-sensitive agriculture, leading to integrating nutrition into agricultural programs at an unprecedented global level.
- It propelled the U.S. government to take a global leadership role with the innovative design, guidance, development, program implementation and documentation of the evidence base for nutrition-sensitive agriculture programming.
- FTF has significantly improved focus country and implementing partner policy and program/technical guidance; this has been achieved by streamlining guidance for clarity and relevance and improving the quality of data collection.
- USAID has provided global expertise and leadership in rigorous monitoring, evaluation and learning for nutrition in the initiative.
- Joint USG agency reporting under the Feed the Future Monitoring System (FTFMS) has improved accountability by focusing on rigorously defined metrics and common reporting, while also collecting detailed narratives on programs.¹²

There are other areas where more work needs to be done to maximize the program's impact on nutrition:

- Despite the progress made to elevate the importance of nutrition-sensitive agriculture programs, there are still struggles to integrate nutrition comprehensively into agriculture programming.
- The coordination of USG-funded implementing partners by the USG, both globally and at the country level, remains a challenge.
- Although improving significantly, there are a number of inherited nutrition data quality issues from FTF Phase 1.
- The decision to change focus country status and indicators from FTF Phase 1 to Phase 2 makes it difficult to track long-term nutritional outcomes.

With regard to the impact of the initiative, **while FTF has achieved its goal of significantly reducing child stunting in several countries, its impact on nutritional status at focus country level has been inconsistent.**

Moving forward, in order to improve FTF's impact on nutrition, the brief makes a set of recommendations regarding policy, funding and program implementation. The recommendations cover the integration of nutrition within the program, the transparency of program results and funding, the capacity of program implementers, the role of nutrition in the selection of focus countries and the ongoing support of the US government for foreign assistance food security and nutrition programming.



Tapash Paul/CARE

Summary of Key Recommendations

Policy

1. **Congress should reauthorize the Global Food Security Act in 2023.** Congress should pass updated legislation that builds on successes and better integrates nutrition into FTF programming across all focus countries.

Funding

2. **Continue to increase funding for global nutrition interventions (nutrition-specific and nutrition-sensitive) within USG foreign assistance.** Congress should provide increased funding both for the nutrition Global Health Programs (GHP) sub-account and for the additional other accounts including¹ the McGovern-Dole International Food for Education and Child Nutrition Program, Title II Food for Peace Program, and Title III—Bilateral Economic Assistance and the Economic Support Fund (ESF) account.
3. **Strengthen transparency about USG foreign assistance nutrition funding.** The USG should publish an annual public document about global USG nutrition programs with spending disaggregated by funding accounts/mechanisms, relevant focus countries and the corresponding high-level population-based results by funding mechanism, account and by country support.

Programming

4. **Elevate and integrate nutrition as a core element of Feed the Future programming** and make nutrition central to decision-making for budget allocations.
5. **Update USG technical guidance** on nutrition to reflect lessons learned from implementing nutrition programming in FTF-funded countries. In addition, elevate nutrition within FTF by clearly integrating nutrition programming guidance into FTF policy and program guidance.
6. **Strengthen the use of the FTF nutrition learning agenda research questions** within new program request for proposals design and related evaluations. This will help in learning more about linkages between agriculture and nutrition including through market systems, risk and resilience and scaling of technologies and practices.³
7. **Consider nutrition for FTF focus country selection:** The State Department/USAID should consider malnutrition indicators in countries as key criteria for adding or dropping FTF focus countries.
8. **Expand USAID nutrition technical capacity:** USAID should expand its global network of nutrition-specific advisors at the headquarter level and throughout its regional and country missions throughout the Agency to accelerate the integration of nutrition into USAID's work worldwide.
9. **Consider a systematic review:** USG should consider investigating the USG's impact on nutrition through a systematic review analyzing why key indicators of nutritional status—such as child stunting, wasting and women underweight have had such varying results across targeted focus countries to help recommend future programming modifications to improve women and children's nutritional status. Program changes should be made accordingly in key technical areas (e.g., wasting management and M&E).

Accountability

10. **Strengthen transparency for nutrition progress in FTF:** USAID should make absolute number output and outcome indicators results against nutrition targets publicly available for both FTF focus countries and other countries receiving USG nutrition funding.

¹ For nutrition-specific, the U.S. government uses the OECD DAC CRS purpose code 12240, which includes activities implemented through the McGovern-Dole International Food for Education and Child Nutrition Program. It also includes the portion of 'emergency food aid' (CRS code 72040) and 'development food aid' (CRS code 52010) under the Title II Food for Peace Program identified as nutrition (programme element 3.1.9) in the U.S. government's Foreign Assistance Framework

Title III—Bilateral Economic Assistance: The primary funding source for humanitarian and international development programs of the U.S. government. Includes bilateral assistance for disaster relief, global health, and economic development activities, as well as funding several independent development-oriented agencies, notably the Millennium Challenge Corporation and Peace Corps.

Title II—United States Agency for International Development (USAID): Funds general operations of USAID, but not USAID foreign assistance programs (see Title III). Emergency, Non-Emergency, International Food Relief Partnership (now Bureau for Humanitarian Assistance (BHA)

Economic Support Fund (ESF) account- Economic Growth (EG) Foreign Assistance Category-EG.3 Agriculture. A very limited number of countries use Economic Support Fund (ESF) Account funds in which nutrition activities may be funded with ESF account funds.

Background

In 2007-2008 there was an international food price crisis followed by an upsurge in humanitarian response.² As a result, in May 2010, the United States officially launched ‘the **United States Government’s Global Hunger and Food Security Initiative**, also known as ‘**Feed the Future (FTF)**’, to combat hunger, poverty and malnutrition. The initiative originally had two objectives: 1) inclusive agriculture sector growth; and 2) improved nutritional status (for women and children). Nutrition was integrated into the overall results framework within the following intermediate results:

- 1) Improved access to diverse and quality foods;
- 2) Improved nutrition-related behaviors; and
- 3) Improved use of maternal and child health and nutrition services.

In November 2010, the Bureau for Food Security (BFS) was established within the United States Agency for International Development to lead coordination and implementation of the initiative. In 2020, the name of this bureau was changed to the Bureau for Resilience and Food Security (BRFS)⁴. Feed the Future initiative activities are generally authorized under the provisions of the *Foreign Assistance Act of 1961*⁵. However, members of Congress chose to introduce specific legislation to permanently authorize this agriculture-focused global food and nutrition security strategy and related global programming. As a result, the bipartisan *Global Food Security Act of 2016*⁶ was passed by Congress and signed into law in July of 2016.

Enactment of the Global Food Security Act began Phase 2 of the Feed the Future initiative and included a revised results framework. The new framework includes three objectives: 1) Inclusive and sustainable agricultural-led economic growth; 2) strengthened resilience among people and systems; and 3) a well-nourished population, especially among women and children. Nutrition is integrated into the results framework within objectives 2 and 3 and within the following intermediate results: (IR) 7) Increased consumption of nutritious and safe diets, IR 8) Increased use of direct nutrition interventions and services and (IR) 9: more hygienic household and community environments.



² The dramatic widespread increase in food prices (primarily rice, maize and wheat) was triggered by a number of economic and political factors that disturbed world cereals markets. The escalation in prices was exacerbated by the concurrent rise in the price of oil, which raised the costs of international, regional, and local transported foods. Cooking oil, beans, and a whole series of other staple foods were affected. Wiggins, Steve, Sharada Keats and Julia Compton. "What Caused the Food Price Spike of 2007/2008? Lessons for World Cereals Markets." Overseas Development Institute (ODI). 2010. "The Global Social Crisis. Report on the World Social Situation" United Nations. 2011.

Key Recommendations

POLICY

RECOMMENDATION 1: Global Food Security Act reauthorization in 2023: Congress should pass an updated Global Food Security Act reauthorization in 2023 which mandates nutrition targets by country and a cumulative overall nutrition population-based target for FTF globally, along with a clearly-defined mechanism to measure and track overall nutritional impact which will encourage the scaling up of successful FTF nutrition programming. As Congress begins to draft this legislation, they should consider including language to require clearer technical guidance for nutrition, rigorous monitoring and evaluation, and greater accountability for, and transparency of these results against set targets.

FUNDING

RECOMMENDATION 2: Continue to increase funding for global nutrition interventions (both nutrition-specific and nutrition-sensitive) through foreign assistance. Congress should continue to increase funding for the Global Food Security Strategy, the Global Health Programs (GHP) nutrition sub-account and other relevant development and humanitarian accounts³ in the USG budget at the strongest annual levels possible. Congress must reject any potential cuts proposed by the White House in future President's Budget Requests.

It is important to understand how nutrition is funded through USG foreign assistance in order to strengthen advocacy efforts for increased nutrition funding. Historically, funding for global nutrition efforts was included within the broader maternal and child health (MCH) funding, and was not specifically delineated. However, in FY 2010, at the beginning of the FTF initiative, the Obama Administration created a nutrition-specific funding budget line, elevating attention to these resources through

USAID⁷. FTF-funded programs work across humanitarian and development contexts with an emphasis in the health, agriculture and resilience sectors.⁸ Most of the USG's support for nutrition-specific programming is managed by USAID through its Global Health Programs (GHP), and USAID/Food for Peace (FFP) (now Bureau for Humanitarian Assistance (BHA) (i.e., FFP P.L. 480 Title II development) programs.^{9 10}

The State Department's Office of Foreign Assistance Resources (State/F) is the budgeting office responsible for all *USG foreign assistance funding*, of which FTF programming is only one part. Currently, Congress provides annual benchmarked nutrition funding for FTF programs through the annual *Department of State, Foreign Operations and Related Programs (SFOP)* appropriations bill.^{11 4} The SFOPS appropriations legislation provides annual funding for almost all international affairs programs considered as part of the '*150-International Affairs Budget*' (the major exception being food assistance, which is funded largely through agriculture appropriations bills).¹²

Congress specifies a funding level for FTF through a line item in the annual S/FOPS appropriations bills for the Global Food Security Strategy (GFSS). These funds are then allocated through: 1) **Bilateral** food security and agricultural development activities (implemented by USAID, Millennium Challenge Corporation and other agencies such as the Peace Corps); 2) **Multilateral** food security accounts; and 3) the **Global Health Programs (GHP) account** implemented by and allocated directly to USAID.¹³ After Congress determines SFOPS appropriations, the Administration then determines whether or how to allocate these appropriations within the FTF framework.⁵

³ For nutrition-specific, the U.S. government uses the OECD DAC CRS purpose code 12240, which includes activities implemented through the McGovern-Dole International Food for Education and Child Nutrition Program. It also includes the portion of 'emergency food aid' (CRS code 72040) and 'development food aid' (CRS code 52010) under the Title II Food for Peace Program identified as nutrition (programme element 3.1.9) in the U.S. government's Foreign Assistance Framework

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Economic Support Fund (ESF) account- Economic Growth (EG) Foreign Assistance Category-EG.3 Agriculture. A very limited number of countries use Economic Support Fund (ESF) Account funds in which nutrition activities may be funded with ESF account funds.

⁴ Each year, Congress considers 12 distinct appropriations measures, including one for the Department of State, Foreign Operations, and Related Programs (SFOPS), which includes funding for U.S. diplomatic activities, cultural exchanges, development and security assistance, and U.S. participation in multilateral organizations, among other international activities.

⁵ Lawson, Marian L., Randy Schnepf, and Nicolas Cook. "The Obama Administration's Feed the Future Initiative." Washington, D.C.: Congressional Research Service, January 29, 2016. <https://www.fas.org/sgp/crs/row/R44216.pdf>.

FTF is funded through both Title III⁶-bilateral economic assistance and FFP P.L. 480 Grants (Title II) account⁷ (now through BHA). FTF also receives annual funding through the **Economic Support Fund (ESF)** account⁸ and **Development Assistance (DA)** accounts.⁹ State/F allocates DA funds to USAID along with other earmarks including the GHP. In the case of nutrition funding, *FTF efforts are complemented by USG spending for nutrition-specific activities* under a specific line item through the **Global Health Programs (GHP) account**.¹⁴

¹⁰ Finally, nutrition is also funded through the United States Department of Agriculture (USDA)/Foreign Agriculture Service (FAS) **McGovern-Dole International Food for Education and Child Nutrition** account in the Agriculture Appropriations bill. For information on allocations by country, the USG is unable to disclose information beyond what is posted on the FTF website (www.feedthefuture.gov) and reported to Congress. However, it is important to remember that the various funding mechanisms — FFP, GHP and RFS — all contribute to the GFSS results framework as illustrated in the countries' GFSS country plans. The Feed the Future Monitoring System (FTFMS) imports all implementing mechanisms funding amounts automatically through the interoperability of the FACTSInfo¹¹ NextGen information system that records and tracks FTF funding from various sources [e.g., EG.3 Agriculture: DA, old ESF, and HL.9 Nutrition: GHP-USAID and FFP development funds].¹⁵

The Global Food Security Act authorized funding to support the GFSS strategy (just over \$1 billion per year), included nutrition-sensitive programming, for FY2017, and FY2018. In FY22, the House of Representatives included a funding level of \$1.1 billion in its annual appropriations bill. Meanwhile only \$125 million (in FY 2017 and FY2018) was provided in annual appropriations for the global nutrition sub-account through State/Foreign Operations appropriations legislation.¹⁶ Subsequently, \$145 million was allocated and enacted for the nutrition sub-account in FY 2019, and \$150 million in FY 2020.¹⁷ Despite this, Congress has continued to provide modest funding increases for the nutrition account over the past few years, rejecting

proposed cuts in the president's budget requests. The FY21 funding level for the nutrition sub-account was \$150 million and the FY22 House State/Foreign Operations appropriations bill allocated \$160 million for this account.



⁶ Title III—Bilateral Economic Assistance: The primary funding source for humanitarian and international development programs of the U.S. government. Includes bilateral assistance for disaster relief, global health, and economic development activities, as well as funding several independent development-oriented agencies, notably the Millennium Challenge Corporation and Peace Corps.

⁷ Title II—United States Agency for International Development (USAID): Funds general operations of USAID, but not USAID foreign assistance programs (see Title III). Emergency, Non-Emergency, International Food Relief Partnership) (now Bureau for Humanitarian Assistance (BHA)

⁸ Economic Support Fund (ESF) account- Economic Growth (EG) Foreign Assistance Category-EG.3 Agriculture. A very limited number of countries use Economic Support Fund (ESF) Account funds in which nutrition activities may be funded with ESF account funds.

⁹ EG.3.3 Nutrition-Sensitive Agriculture is all funded through Development Assistance funding.

¹⁰ The USAID. Global Health Programs (GHP) account is under State and USAID- Health (HL) Foreign Assistance Category: Nutrition Sub-Account [HL.9 Nutrition]

¹¹ It is important to note that FACTSInfo is an annual reporting system and therefore DOES not record the periodic FTF population-based surveys.

RECOMMENDATION 3: Strengthen transparency about USG foreign assistance nutrition funding [including allocations, appropriations, obligations, spending & disaggregation of funding accounts/ mechanisms]: USG should publish a public document on how USG-funded global nutrition programs are being funded (e.g., through what sub-accounts and funding mechanisms). These should be disaggregated by account to the extent possible, showing what has been appropriated, allocated, obligated and spent. The document should include the latest nutrition budget trends from Congress to inform both Congress and the public about how USG tax dollars are being spent to improve nutrition in foreign assistance.

USG funding for foreign aid nutrition is still very confusing and difficult to track. Further explanation, more detail and clarity are needed in order to evaluate whether FTF budget obligations tied to specific nutrition-related program areas are effectively being spent to contribute to nutritional outcomes. USG staff has identified the Global Nutrition Report 2020¹⁸ as the main source document for explaining both nutrition-specific and nutrition-sensitive funding through the USG. This conveys that the USG reported \$195,921,000 in nutrition disbursements for nutrition-specific programming and \$3,545,197,000 in nutrition disbursements¹⁹ for nutrition-sensitive programming in 2017.²⁰ The Global Health Report further explains that USG-funded programs use a synergistic package of nutrition-specific and sensitive interventions that help decrease stunting and acute malnutrition by improving preventive and curative health services, including: growth monitoring and promotion; water, sanitation and hygiene; immunization; deworming; reproductive health and family planning; and malaria prevention and treatment. However, it is unclear how the USG is attributing other program areas such as immunization programming towards nutrition-sensitive programming. For example—is all funding for immunizations being considered as contributing to nutrition-sensitive funding? As further detailed in the recommendations section, more clarity is needed moving forward as to how the USG funding numbers for nutrition disbursements are calculated.²¹

PROGRAMMING

RECOMMENDATION 4: Elevate nutrition and integrate it more as a core element of Feed the Future programming. The results from this analysis indicate that nutrition is not currently playing a central role within the FTF programming. In order to maximize impact from FTF investments over the next decade and beyond, the importance of co-programming nutrition into agriculture in FTF needs to be elevated, contributing to strengthening agricultural outcomes and resiliency for households and communities. This could be achieved by mandated nutrition indicator targets and co-programming requirements such as those that were implemented through the President's Emergency Plan for AIDS Relief.

The guidance recommends conducting a 'context assessment'¹² to understand the nutrition context in a country or zone of influence (ZOI); to implement programs that are evidenced-based, nutrition-specific, and offer nutrition-sensitive interventions simultaneously; to improve water, sanitation and hygiene (WASH) practices; to improve dietary diversity through nutrient-dense foods and good sources of protein, especially animal source foods; to sustainably produce and consume nutritious foods; suggests that nutrition interventions should include social and behavior change¹³ for all activities; consideration of nutritious food sources produced outside the ZOI; consideration of gender equality and women's empowerment that are important for improving nutrition outcomes; and focus on food and agricultural policy development and implementation.

In addition, the FTF Monitoring System guidance²² provides direction on best reporting practices on nutrition program narratives, funding mechanisms and indicators for FTF. For example, nutrient-rich value chains are highlighted in the respective commodity groups (pond aquaculture, dairy, eggs, livestock and crops) to inform choosing nutrition-sensitive commodities. In addition, the FTF Nutrition Innovation Lab has been publishing a webinar series highlighting best practices.²³

¹² A context assessment can include: a. Host country support/commitment to nutrition: This includes financial commitment in a country's national plan, plus other sector policies that strengthen or do no harm to improving nutrition outcomes; support for multi-sectoral strategies to improve nutrition within national, regional, and local government structures; and strengthening capacity in human resources and institutions; b. Other USAID and USG programs that support nutrition. For a few examples, please see USAID Nutrition Projects, USAID Food Assistance Programs, USDA-FAS, and MCC Food Security and Nutrition Projects; c. Common nutrition indicators to provide country "status." These can be found in various surveys: The Demographic and Health Surveys (DHS) Programs; Standardized Monitoring and Assessment of Relief and Transitions (SMART) Surveys; and Multiple Indicator Cluster Survey (MICS).

¹³ There is a strong evidence base that links the adoption of optimal maternal, infant, and young child feeding and care practices to reductions in malnutrition—across all socioeconomic strata—supports the utility of integrating nutrition-focused social and behavior change (SBC) into agriculture development activities.

RECOMMENDATION 5: Update USG technical guidance for nutrition: The USG should consider developing a comprehensive nutrition technical considerations guidance document for both missions and implementing partners to use, with clearly defined and prioritized evidence-based nutrition-specific and nutrition-sensitive interventions that can be supported by FTF focus/ priority country programs. USG should also consider publishing technical guidance on implementation of evidence-based nutrition-sensitive programming to complement the SPRING series.²⁴ FTF should continue to document program results systematically and share lessons learned and best practices through forums like the previous USAID Nutrition Global Learning and Evidence Exchange (GLEE). The learning sessions should include a wide range of stakeholders.

At the time of this review, there were 18 technical guidance documents for implementing the USG's Global Food Security Strategy (GFSS).²⁵ The 'Global Food Security Strategy Technical Guidance Objective 3: A Well-Nourished Population, Especially Women and Children'²⁶ (previously titled 'Global Food Security Strategy Technical Guidance – Nutrition')²⁷ is focused on nutrition. The USG highlighted this as key guidance for best practices for implementing USG nutrition programs. Since this review, there has been progress with additional technical guidance, such as: WASH and its Links to Nutrition¹⁴, "Stunting: Considerations for Use as an Indicator in Nutrition Projects"¹⁵, "Strengthening Nutrition Activities through Gender Integration"¹⁶, "Maternal Nutrition"¹⁷ among many others.

After conducting this analysis, a number of gaps or uncertainties were noted that would be ideally clarified with further comprehensive USG guidance. For example, it is unclear why major changes to children's nutritional status indicators were made from phase 1 to 2. Both child underweight¹⁸ and child anemia were dropped and child wasting changed emphasis from the first level objective

2: 'improved nutritional status especially of women and children' in phase 1 to an indicator under 'objective 2: strengthened resilience among people and systems' under phase 2.¹⁹ Dropping the child underweight indicator removes the ability to track child underweight as a reflection of acute and/or chronic undernutrition. Furthermore, the new indicator—child healthy weight—is not globally recognized or used as a proxy indicator. For children, the body mass index (BMI) is used to screen for overweight, healthy weight, or underweight; however, healthy weight may vary by country and WHO growth standards. The main infant and young child feeding indicator was also dropped in 2016—'percentage of participants of community-level nutrition interventions who practice promoted infant and young child feeding behaviors [IM-level] (HL9-15)' because there was consensus among RFS, GH and FFP (now BHA) regarding its lack of overall utility in tracking activity progress for informed decision-making. The indicator 'HL9-2 number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs,' still remains. The USG reasons for the decision included that there was a lack of disaggregated information on which behaviors were being applied, a concern that the broad range of practices covered would make it too easy to start with very high baselines, and the inability of the indicator to capture incremental increases in the number of behaviors applied as caregivers added new ones.²⁸

According to interviews with USG senior nutrition staff, both the child and women anemia indicators were dropped from reporting requirements because the USG wanted to focus on indicators in which FTF had the largest direct impact on, and anemia was not one of these indicators. Anemia is a direct result of more than nutrition and food, which makes it very complicated to attribute direct correlation; however, anemia prevalence rates are monitored through the demographic health surveys. The high prevalence of anemia in pregnant women reflects a wide range of nutritional deficiencies.

14 USAID Water and Development Technical Series: WASH and its Links to Nutrition | Globalwaters.org. "USAID Water and Development Technical Series: WASH and Its Links to Nutrition." Accessed December 16, 2021. <https://www.globalwaters.org/resources/assets/usaidthewateranddevelopmenttechnicalserieswashanditslinkstonutrition>.

15 "Stunting: Considerations for Use as an Indicator in Nutrition Projects." USAID Advancing Nutrition, 2020. https://www.advancingnutrition.org/sites/default/files/2021-10/usaidthe_stunting_literature_review_2021.pdf.

16 "Strengthening Nutrition Activities through Gender Integration | USAID Advancing Nutrition." Accessed December 16, 2021. <https://www.advancingnutrition.org/resources/strengthening-nutrition-activities-through-gender-integration-0>.

17 "Maternal Nutrition: Preventing Malnutrition in Women and Girls." United States Agency for International Development, 2021. https://www.usaid.gov/sites/default/files/documents/USAID_MaternalNutrition_FS_V4_508.pdf.

18 Child underweight was dropped and replaced with HL9-i Prevalence of healthy weight (WHZ ≤ 2 and ≥ 2) among children under five (0-59 months) [ZOI-level], which looks at children with "healthy weight" versus only those that are underweight. However, this replacement results in the lost ability to track child underweight as a reflection of acute and/or chronic undernutrition. In addition, child healthy weight is not globally recognized or used as a proxy indicator.

19 Child wasting was changed from in FTF phase 1 child wasting was under 'First Level Objective 2: Improved Nutritional Status Especially of Women and Children' whereas for FTF phase 2 this objective was deleted all together and child wasting was added under the 'Objective 2: Strengthened Resilience among People and Systems'

Risk factors for anemia include socioeconomic status, gestational age, low dietary diversity, low dietary quantity and low intake of iron supplement during pregnancy.^{29 30} Risk of maternal death doubles in pregnant women with anemia, so not tracking this indicator regularly can contribute to a lack of data for a major cause of maternal deaths.^{31 32} Maternal anemia is also an important aspect of women's nutritional status and is a major risk factor for low-birth-weight babies. Anemia may contribute to the intergenerational cycle of malnutrition which also may lead to child stunting.³³



Josh Estey/CARE

Despite FTF's phase 2 focus on 'linking agriculture and nutrition', the nutrient-rich value chain (NRV) commodities indicator that measured consumption of a nutrient-rich value chain commodity among direct beneficiary households was dropped altogether.^{20 21} The reason the decision was made to de-emphasize the nutrition value chains when the 'nutrient-rich value chains' indicators were dropped from phase 1, is because the USG wanted to mainstream indicators and measuring dietary diversity became the priority. It is important to note that the indicator for a nutrient-rich value chain can still be used by implementing partners as a custom indicator, either at the ZOI or activity-level.

The new indicator for nutrition-sensitive agriculture, '*female participation in nutrition-sensitive agriculture consuming a diet of minimum diversity*',^{34 35} was introduced to capture the results under IR.7: increased consumption of nutritious and safe diets and sub-IR 1.3 increased availability of and access to high-quality nutrition-sensitive services and commodities under USAID's Multisectoral Nutrition Strategy Results Framework. This new indicator limits accountability of female participation in a specific activity; however, it now requires measuring the women's minimum diet diversity (MDD-W).³⁶ MDD-W is a validated proxy indicator for the *quality of the diet for women of reproductive age (15-49 years of age)*. Dietary diversification is recommended for ensuring adequate nutrient and micronutrient intake of pregnant women, which is integral to FTF phase 2 '*IR.7: increased consumption of nutritious and safe diets*'.³⁷ FTF started collecting data on MDD-W in the first interim survey in 2015 and will continue to monitor this. MDD-W replaced women's dietary diversity score (WDDS) in 2017 because it's a better measurement of women's dietary diversity since it measures the proportion of women above a number of food groups threshold, as opposed to the average number of food groups consumed.

RECOMMENDATION 6: Strengthen the use of the FTF learning agenda research questions within new program request for proposals for new program design and for use in related evaluations and programming to learn more about linkages between agriculture and nutrition, including through market systems, risk and resilience, and scaling of technologies and practices.³⁸

20 The nutrient-rich value chain commodities (NRVCC) is a beneficiary-based outcome indicator for nutrition-sensitive value chain interventions that aim in part to improve nutrition through increased consumption of a nutrient-rich value chain commodity among direct beneficiary households (following the "own production to food consumption" agriculture to nutrition pathway.)

21 Nutrient-rich value chains were measured by the following indicators: 1) Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities; 2) Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities; 3) Prevalence of children 6-23 months who consume at least one targeted nutrient-rich value chain commodity

RECOMMENDATION 7: Consider Nutrition for FTF Focus

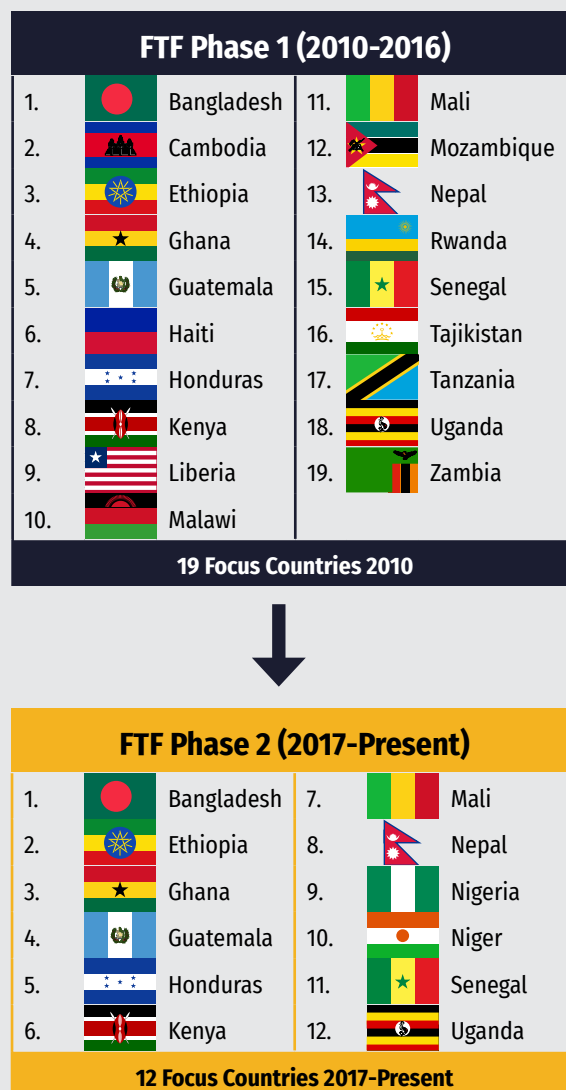
Country Selection: The State Department/USAID should consider nutritional impact and nutrition needs of countries for selecting new or dropping FTF focus countries.

Feed the Future has been scaled back, geographically, in recent years. It once served 19 countries and now reaches only 12 (Figure 1). **Overall, the decision to change focus country status (either dropping or adding a country) does not appear to be correlated with nutritional outcome changes nor allocated nutrition-designated funding levels.** Previous senior USG staff communicated that nutrition was rarely, if ever, taken into consideration when selecting new or dropping focus countries.

According to the analysis conducted and after close examination of the publicly available data for focus countries from PBS baselines and midterms/interims, **it is difficult to ascertain how changes in focus country status have impacted nutritional outcomes for a number of reasons.** First, it is difficult to attribute USG programming as the only influencer of change in nutritional impacts in the ZOI due to the concurrent implementation of other interventions that address the underlying causes of malnutrition from other implementing partners (NGOs, donors, government). FTF focus countries did not systematically report on the proportion of households reached by all FTF programming, or those reached through efforts to coordinate other donors.³⁹ Secondly, a set of FTF focus countries were dropped in 2017: Cambodia, Haiti, Liberia, Malawi, Mozambique, Rwanda, Tajikistan, Tanzania and Zambia (Figure 1)⁴⁰ and sometimes baselines and midterms/interims were not conducted and/or USG nutrition activities were ended. Thirdly, none of the FTF planned end line PBS have been conducted and/or publicly released for the continuing focus countries, despite the end line study protocol guidance and report templates that were released in February 2018⁴¹ and October 2019 respectively.^{22 42} The end line PBS survey is the study conducted to measure results against the comparative data in the baseline survey.

Furthermore, data quality issues such as the use of primary data sources such as demographic health surveys as proxy measures, or the use of timed data that did not align with the FTF ZOI implementation years also makes it difficult to attribute changes in nutrition outcomes to USG programming. It is also important to note that nutrition programming outside of nutrition-sensitive agriculture value chains is not

Figure 1: Feed the Future Focus Country Changes from Phase 1 (2010-16) to Phase 2 (2017-present (2021)



fully captured in global reporting documents, including the work of FFP (BHA), Peace Corps and USDA. Finally, in countries that were dropped in 2017, DHS only demonstrates national results and does not provide results for ZOI geographic area nutritional outcomes. The zones of influence (ZOI) were often selected within the country due to high levels of malnutrition,⁴³ whereas USG concentrated its programming and efforts. In some cases, the USG missions requested strategic changes through memos to establish a second ZOI (in Kenya, Uganda, Nepal and Malawi).^{44 45} The purpose of these additional zones was to address food security issues

22 The continuing focus countries are: Bangladesh, Ethiopia, Ghana, Guatemala, Honduras, Kenya, Mali, Nepal, Senegal and Uganda.

among extremely vulnerable populations in remote locations with little infrastructure connecting them to services and markets, and in locations with degraded environments. In countries where BHA programming was included in the ZOI, it complemented the nutrition-sensitive agriculture value chain programming by targeting vulnerable groups who may not qualify as value chain actors.⁴⁶

This analysis revealed that there are data quality issues with quantitative data collected from both primary and secondary sources that may not align with FTF implementation zones timing intervals nor geographic administrative levels. In addition, the beneficiaries could be counted multiple times in consecutive years and be double-counted by different USG-funded programs. The children reached by USG programming may also be reached by other donor programs supporting nutrition interventions/programming. The USG, does however, recognize that quantitative indicators compiled are from existing sources that may have data quality limitations beyond the control of their assessments. For example, Demographic Health Survey (DHS) data are reported roughly every five years for each country, but are not reliably available at set intervals in their ‘Multisectoral Nutrition Strategy Monitoring and Learning Plan’⁴⁷.

Recently, a difference-in-differences analysis study from Stanford researchers found that FTF programming contributed to a nearly 4 percentage point decrease in stunting in children younger than 5 in sub-Saharan Africa.^{48 23} It is important to note that the researchers used data from both FTF countries and non-FTF countries. A difference-in-differences approach was used to compare outcomes among children in intervention countries after implementation of the initiative with children before its introduction and children in non-intervention countries, controlling for relevant covariates, time invariant national differences, and time trends. The Stanford researcher, Ryckman, also noted that “USAID’s own evaluation of its program is tenuous because it looked only at before-and-after stunting levels in FTF countries without comparing the results to a control group or adjusting for other sources of bias, which is problematic because stunting is slowly declining in most countries.”⁴⁹ The USG does acknowledge that it had slower progress with stunting reduction than other indicators- and

that “it has not been as rapid as other nutrition indicators, such as women’s dietary diversity.”⁵⁰ The FTF decade progress report suggests that to accelerate progress there should be “catalyzing greater investment in nutrition (by the global community) and deepening the integrated approach” in many areas, from human health and development to economic growth, agriculture, education and resilience.⁵¹

In terms of nutritional impact measured by nutritional status, it is also important to note that child underweight²⁴ was removed from FTF phase 2 and changed to ‘*child healthy weight*’ with the rationale that the ‘percent of children with a healthy weight is a measure of a well-nourished population, which is essential to enhance human potential, health and productivity’.^{52 53} The healthy weight indicator allows USG to capture that children are neither underweight nor overweight; the former still reflects a relevant concern while the latter targets a growing issue even in the countries that FTF targets. The USG also clarified that child underweight was dropped since it was no longer reflected in the Sustainable Development Goals (SDGs) - and now stunting and wasting data are much more widely available than they were during phase 1. By dropping the child underweight indicator, the ability to track child underweight as a reflection of acute and/or chronic undernutrition was lost. Child healthy weight is not globally recognized or used as a proxy indicator. Healthy weight may vary by country and WHO growth standards.⁵⁴

Aside from stunting, there are not many cumulative (multiple-country) nutritional-outcome results that have been publicly shared by FTF/USG. FTF progress reports conveyed that from FY 2010 to 2019, FTF has reached 169.8 million children under 5 with both nutrition-sensitive and nutrition-specific interventions. It is important to note that after FY 2017 only nutrition-specific interventions were counted for this indicator (Table 2 and Figure 2). The aggregate number of pregnant women reached with nutrition-specific interventions--including iron and folic acid supplementation, counseling on maternal nutrition, calcium supplementation and direct food assistance has only been publicly reported in FTF progress reports one time in FY 2019 for a total of 8.5 million pregnant women reached.^{55 56 57}

23. The researchers analyzed survey data on almost 900,000 children younger than 5 in sub-Saharan Africa from 2000 to 2017. They compared children from the FTF countries with those in countries that are not participants in the program, both before and after the program’s implementation in 2011

24. Underweight is a weight-for-age measurement. Underweight is a reflection of acute and/or chronic undernutrition. This indicator measures the percent of children 0-59 months who are underweight, as defined by a weight for age Z score < -2. Although different levels of severity of underweight can be measured, this indicator measures the prevalence of all underweight, i.e. both moderate and severe underweight combined.

RECOMMENDATION 8: Expand USAID Nutrition Technical Capacity: USAID should expand its global network of nutrition-specific advisors at the headquarter level and throughout its regional and country missions throughout the Agency to accelerate the progress and integration of nutrition into USAID's work worldwide.

RECOMMENDATION 9: Consider a USG Nutrition-focused Systematic Review: USG should consider investing in a comprehensive nutrition systematic review of supported countries. Investigate why key indicators of nutritional status--such as child stunting, wasting and women underweight--have had such varying results across targeted focus countries and recommend program modifications to improve women and children's nutritional status. Program changes should be made accordingly in key areas (including ensuring funding of wasting management and M&E, for example).

ACCOUNTABILITY

RECOMMENDATION 10: Strengthen Transparency for Nutrition Progress in FTF - Improve the Quality of Nutrition Impact Evaluations: The USG should ensure that the FTF's phase 2 learning agenda⁵⁸ questions are adopted into planned FTF and other global health impact evaluations. Integration of nutrition into FTF/GH impact evaluations should be planned more systematically. In line with USAID guidance, the USG should continue to build the capacity and empower evaluation staff; improve the quality of evidence-based evaluations; broaden and deepen evaluation training; expand tools and partnerships for evaluation; and commission evidence gap maps and systematic reviews in nutrition.⁵⁹ The FEEDBACK performance evaluation²⁵ of USG nutrition programming recommended that "the USG involve implementing partners and missions in the impact evaluation design from the beginning so that the evaluation is better suited for the in-country program and context; and include data collection partners in developing data collection systems, including field training manuals." Furthermore, impact evaluation guidance from USAID⁶⁰ outlines key considerations that USAID staff and evaluators should take into account when planning for and designing impact evaluations. There is a new guidance tool on how to plan nutrition evaluations, titled "Evaluation Planning Tool for USAID Nutrition Programs"²⁶.

Impact evaluations (IE) are a critical piece of the FTF strategy as they link observed results to FTF attributions and they foster learning that will improve the effectiveness of future programming while ensuring accountability to stakeholders.⁶¹ Impact evaluations use the FTF's learning agenda questions⁶² aligning with the 'Global Food Security Strategy Results Framework'. After extracting the nutrition-related results from the FTF IEs, findings demonstrate that in some cases there were no nutrition-focused learning agenda research questions and the evaluations that did have nutrition-focused questions had short analysis and descriptions with limited focus on nutritional outcomes. Thus, it is recommended to have more emphasis on nutrition learning agenda questions in FTF or GH impact/process/performance evaluations in the future and more analysis on attributions to nutritional outcomes/impacts.



25 Horn, Nancy E., Cissy Segujja, Allison Schmale, and Susan J. Rogers. "Final Performance Evaluation of Feed the Future FEEDBACK." Mendez England and Associates, USAID. Bur. for Food Security, USAID. Bur. for Policy, Planning and Learning. Ofc. of Learning, Evaluation and Research, 2017. https://pdf.usaid.gov/pdf_docs/PA00N7RC.pdf.

26 "Evaluation Planning Tool for USAID Nutrition Programs | USAID Advancing Nutrition." Accessed December 15, 2021. <https://www.advancingnutrition.org/resources/evaluation-planning-tool-usaid-nutrition-programs>.

Key Findings

FTF Global Programming Nutritional Impact

This analysis looked at several key research questions, including the overall impact of FTF nutrition programming on nutritional status outcomes in the targeted FTF countries.

As outlined in Annex 1: Nutrition has been an integral part of both FTF phase 1 (2010–16) and phase 2 (2017–present), yet it has been embedded in the monitoring results framework differently in both phases. Looking at the two phases of the FTF and the associated objectives and indicators, there has been a shift from nutrition programming emphasis on prevention through improving nutrition-related behaviors and increasing use of maternal and child health and nutrition services to nutrition-sensitive programming focusing on strengthening resilience and increasing the consumption of nutritious and safe diets. The Phase 2 results framework also focuses on increasing the uptake of direct nutrition interventions and services. The analysis for this policy brief looked at how FTF contributes to and supports nutrition interventions and outcomes in the FTF portfolio all together, as well as for specific targeted focus countries. In the phase 2 FTF results framework the overarching goal is to sustainably reduce global hunger, malnutrition and poverty. Nutrition is embedded into both objectives 2 and 3 to strengthen resilience among people and systems and to support a well-nourished population especially among women and children respectively.⁶³

In terms of nutritional impact, FTF set a goal to reduce child stunting from 2010 to 2017 by 20% in the USG-focused zone of influence (ZOI) geographic areas.⁶⁴ The 2018 FTF Decade and latest (2020) progress report indicate success with a total of 32% reduction in stunting and 3.4 million children free from stunting by 2019.^{65 66 67 27 28} This report clarifies that the result is a percent change in impact indicator values for stunting, which captures the proportional change from the baseline value, not the percentage point change (percentage point change is simply the difference between the final and

initial values). In addition, the report also clarifies that the data is only from FTF geographic area ‘zones of influence’ where program efforts are concentrated (the ZOI).⁶⁸ However, it is unclear how this data was calculated because no disaggregated baseline and interim data were publicly provided for comparison disaggregated by each country served. The FTF progress report also explains that “the average rate of stunting reduction has been 2.5 times higher annually in FTF focus countries than before.”⁶⁹ It attributes these estimates based on measured changes between the baseline and interim results from 2010 to 2017. USAID defines attribution as a causal link between observed changes (results) and a specific intervention. A result is attributable to USAID or USAID can claim credit for results even when other partners are involved in achieving the result if USAID can claim that without USAID intervention the outcome would not have taken place.^{70 71}

FTF Focus Countries

with Greatest Nutritional Impact

According to the most recent Feed the Future progress report, the FTF countries that have had the most success with nutritional outcomes as a result of USG programming are Bangladesh, with a 68% drop in hunger²⁹ (2011–18); Ethiopia, with a 23% drop in stunting and a 33% drop in hunger (2013–18); and Zambia⁷², with a 22% drop in stunting and a 6% drop in hunger (2012–18).⁷³ It is important to note that in phase 1 hunger was measured by the indicator prevalence of households with moderate or severe hunger while in phase 2 it was changed to align with the SDG indicators to the prevalence of moderate and severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES).⁷⁴ This indicator is one of the measures for the goal of the Global Food Security Strategy to “Sustainably reduce global hunger, malnutrition and poverty”.

27 These are 2010–2017 estimates based on measured changes between baseline and interim population-based surveys (Source: “Feed the Future 2020 Progress Snapshot: Cultivating Hope.” The U.S. Government’s Global Hunger & Food Security Initiative, Feed the Future, September 2020. https://cg-281711fb-71ea-422c-b02c-ef79f539e9d2.s3.us-gov-west-1.amazonaws.com/uploads/2020/09/2020-9-18_FTF-Snapshot-Report_508C.pdf)

28 Based on the evaluation team’s analysis, it was concluded that the Feed the Future initiative is, on average, performing well against each of its eight IRs outlined in the RF across focus countries. Results of IM-level indicators, coupled with changes in impact-level (PBS) indicators, provide evidence that Feed the Future is, on the whole, contributing to reductions in global poverty and hunger. Of the statistically significant PBS data results that are available, we see that reductions in prevalence of poverty across countries have ranged from 7.46% to 35.69%, and reductions in prevalence of stunting range from 6.05% to 40.37%, indicating that the initiative is on track to achieve targets of contributing to a 20% reduction in poverty and stunting overall. Source: Briggs, Lee, and Evaluation Team Leader. “Feed the Future Global Performance Evaluation.” Dexis Consulting Group, USAID. Bur. for Policy, Planning and Learning. Ofc. of Learning, Evaluation and Research, December 2016. https://pdf.usaid.gov/pdf_docs/PBAAF131.pdf.

29 It is important to note that USG used the indicator the prevalence of households with moderate or severe hunger in the ZOI, FFP (BHA), or resilience programming area. However, this indicator was dropped in 2016. It was replaced with a new indicator: EG-e Prevalence of moderate and severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) [ZOI-level], which measures the broader food insecurity experience.

Child Stunting: The *FTF Global Performance Evaluation Report (2016)* indicates that child stunting⁷⁵ ³⁰is the nutritional indicator highlighted that achieved the greatest success within USG programming; results indicated that only 8 out of 18 countries had a statistically significant positive change,⁷⁶ including: Bangladesh (36.9% to 32.3%), Cambodia (44% to 33.7%), Ghana (36.1% to 29.9%), Guatemala (67.4% to 60.55%), Honduras (38.3% 40.2% to 26.10%), Kenya (35.1% to 20.93%), Malawi (49.2% to 42.3%) and Rwanda (46.32% to 39.7%).³¹A few countries also increased (worsened) child stunting including Haiti, Mozambique, Nepal and Senegal.

Hunger: Hunger continues to be a dramatic problem in developing and emerging countries as many have access to the minimum amount of calories, but are deficient in one or more micronutrients, leading to “hidden hunger”.⁷⁷ This is why it is important to also address hunger when addressing malnutrition, which is why all three FTF objectives, underlying and cross-cutting intermediate results seek to contribute one way or another to reduce hunger in the ZOI.

The FTF global performance evaluation⁷⁸ examined the change in the hunger indicator⁷⁹ during phase 1. Both Malawi⁸⁰ and Zambia displayed a statistically significant increase in prevalence. Honduras showed no statistically significant change. The indicator is based on an estimation of the probability that each household belongs to a specific category of food insecurity severity (moderate and severe), as determined by the household’s position on the scale. In addition, Tajikistan achieved a 28% drop in stunting (2012–2017). It is important to note that the percent change in impact indicator values for stunting captures the proportional change from the baseline value, not the percentage point change (percentage point change is simply the difference between the final and initial values). Data represents populations in the ZOI geographic areas where FTF concentrates their efforts.³² In terms of hunger, findings reveal that only Ghana, Liberia and Senegal displayed a statistically significant reduction in households with moderate or severe hunger while Nepal and Mozambique had a non-statistically significant increase in hunger prevalence.⁸¹ El Niño’s devastating effects may have

contributed to this performance in addition to climate change with severe weather, droughts and flooding.

Child Wasting: Additionally, Bangladesh, Nepal, Malawi and Senegal had a statistically significant decrease in *prevalence of wasted children*.⁸² Cambodia and Zambia also reported wasting decreases, but Zambia’s result was not statistically significant and statistical significance could not be determined for Cambodia.

Periodic Population-based surveys (PBS) support the collection and analysis of data for FTF Zone of Influence (ZOI)⁸³ indicators. Baseline, midterm and end line PBSs monitor program progress to see if there has been change over time at the population level in key outcomes and impact indicators. For this paper, the PBS primary source data were analyzed including baseline and midterm/interim values for all focus countries (as of 2020) for a subset of the 19 focus countries (end line data are not yet available although Zambia and Ethiopia are forthcoming at the time of this report). Progress towards improved nutritional status of women and children is measured using a number of indicators including child stunting, underweight, wasting, women underweight, maternal and child anemia, hunger, exclusive breastfeeding practices, children’s minimal acceptable diet (MAD) and women’s dietary diversity (Table 1). We extracted the data for these indicators directly from the primary data source of the baselines and interim PBS. Some of the FTF countries were missing data or didn’t report on indicators during the baseline and interim surveys.⁸⁴ For PBS indicators, confidence intervals⁸⁵ were calculated for baseline and interim values and were examined to determine whether the change in the indicators was statistically significant.⁸⁶ When we inquired with USG why the reported values for PBS baselines and interims changed, as they were reported differently in different USG reports and evaluations^{87 88}, we were informed that there are different reasons (not explained in detail) why numbers have been revised or otherwise may not match.

30 In terms of stunting it is important to note that some data obtained from the source FTF baseline and interim reports varied from reports later reported from USG (specifically the following sources: Dunford, Beth, and Maura Barry. “Agency Priority Goal Action Plan Goal: Food Security and Resilience,” 2019. https://www.performance.gov/state/FY2019-sept_USAID_Food_Security.pdf. And “From the Start: Feed the Future Global Status Report.” Washington, D.C. USA: The U.S. Government’s Global Hunger & Food Security Initiative, Feed the Future, n.d. https://pdf.usaid.gov/pdf_docs/PA00SZKP.pdf.) and “From the Start: Feed the Future Global Status Report.” Washington, D.C. USA: The U.S. Government’s Global Hunger & Food Security Initiative, Feed the Future, n.d. https://pdf.usaid.gov/pdf_docs/PA00SZKP.pdf. whereas the following countries had different data reported (Country, Baseline, Interim, reported, USG reported) [Bangladesh (43.1% (36.9%), 37.8% (32.2%)), [Ethiopia baseline 50.6% (49.2%)] [Honduras 40.23% (36.2%) (38.3%) (M: 60.55% [63.3%], -- (25.3%)), [Northern Kenya (29.44% (27.6%); (28.5) 23.3% (26.3%); Liberia 41.3 (43.1%) [Senegal 26% (23.1%); --- (25.8%)], Tanzania 48.3 (34.7%); 35.2 (37.7%)

31 However, it is important to note that aligned countries share many FTF objectives in their approach to combating hunger, but usually do not have a focused zone of influence and do not report on the impact and high-level outcome indicators in the FTF results framework because they do not conduct population-based surveys.

32 Data have been compiled from primary and secondary sources. Numbers have been rounded. Similar data for additional Feed the Future countries will be available in the coming year.

**Table 1: FTF Focus Country Nutritional Impact Scorecard (Baseline to Interim PBS Results):
2010 to Present Results (may not reflect updated midterm data since report written):**

Focus Countries (old* & new) (number positive nutritional change/out of 8) [Baseline (B)PBS year and Interim Mid-term (M) PBS year]	Hunger	Child Stunting	Child Underweight	Child Wasting	Women Under-weight	Exclusive Breast-feeding	Minimum Acceptable Diet (MAD)	Dietary Diversity: Women's Dietary Diversity Score (WDDS)
Positive Nutritional Change	↓	↓	↓	↓	↓	↑	↑	↑
1. Bangladesh* (6/8) [B:2012, M: 2015]	↓	↓ S [#]	↓	↑ S [#]	↓ S	↓	↑	↑
2. Cambodia³³ (3/8) [B:2012, M:2015]	↑ [#]	↓ S	↓	↓	[↑ S]	↓	↓	↓
3. Ethiopia* (8/8) [B: 2013M:2015]	↓	↓ [#]	↓ [#]	↓ [#]	↓	↑	↑	↑
4. Ghana* (2/8) [B:2014, M:2018]	↓ S	↓ S [#]	↑	↑	↑	↓	↓	[No data]
5. Guatemala (3/8) [B:2014, M:2017]	↓	↓ S	↑	↑	Not available	↑	↓	No baseline data
6. Haiti (4/8) [B: unknown, M:2016]	↑	↑	↓	↓	↑	↑	↓	↑
7. Honduras * No baseline or midterm	No change [↓] No interim	↓ No interim [#]	No interim [#]	No interim [#]	No interim [↑ S]	No interim	No interim [↑]	No interim [↑ S]
8. Kenya* Northern Kenya (4/8) Southern Kenya (3/8) [B:2013, M:2016]	Northern ↓ Southern ↑	Northern ↓ [#] Southern ↓ S	Northern – Southern ↓	Northern ↑ [#] Southern ↑	Northern ↓ Southern ↑	Northern ↓ Southern ↑	Northern ↓ Southern ↓	Northern ↑ S Southern -No baseline [↑]
9. Liberia (2/8) [B:2013, M:2016]	↓ S	↓	↑	↑	↑ [#]	No baseline data	No baseline	No baseline data
10. Malawi* (4/8) [B:2013, M:2016*]	↑ S	↓ S	↑	↓ S	↓	↓	↓	↑
11. Mali No baseline or midterm	No data	No data	No data	No data	No data	No data	No data	No data
12. Mozambique (3/8)³⁴ [B:2014, M: None]	↓	↑	↑	↑	↑	↑ S	↓	↑
13. Nepal* (4/8) [B:2013, M:2016]	↓	↑	↓	↓ S [#]	↑	↓	↑	↓ S
14. Nigeria (new) No baseline or midterm	No data	No data	No data	No data	No data	No data	No data	No data
15. Niger (new) No baseline or midterm	No data	No data	No data	No data	No data	No data	No data	No data
16. Rwanda (5/8) [B:2013, M:2016 (2014-2015)]	No data	↓ S	↓	↓	↓	↓	↓	↑
17. Senegal *(4/8) [B:2012(not public), M: 2017]	↓ S	↑	↓	↓ S	↑ S	↓ S	↓	↑ S
18. Tajikistan (3/8) [B: 2014 (2012), M:2015]	↑	↓	↑	↑	↓	↑ S	↓	↓ S
19. Tanzania (4/8) [B: 2012-16 (2018)-, M: 2012-16 (2018)]	No data	↑ [#]	↓	↑	↓	↑	↓	↑
20. Uganda (5/8) [B:2013, M:2015]	↑	↓	↓	↓	↑	↓	↑	↑ S
21. Zambia (5/8) [B:2013, M:2015 (2016)]	↑ S	↓	↑	↓ (NS)	↓	No baseline data	↑ S	↑ S

Sources: Briggs, Lee, and Evaluation Team Leader. "Feed the Future Global Performance Evaluation." Dexis Consulting Group, USAID. Bureau for Policy, Planning and Learning. Ofc. Of Learning, Evaluation and Research, December 2016. https://pdf.usaid.gov/pdf_docs/PBAAFI31.pdf. Various Population-Based Surveys-baselines and interims reports NR=No results. S= indicate statistically significant change. [#]= the USG data provided to us or from various reports were different than the original population based surveys baseline and interim survey values. Values do not necessarily contain data from BHA (formerly FFP) baseline surveys. If BHA development food security activities (DFSA, now called resilience food security activities (RFSa), were implemented in whole or in part within the targeted geographic zone of influence. If they were then the population numbers reached by those activities within the geographic area of the ZOI are included in the sample frame for the baseline and interim surveys. Exactly how much overlap of BHA RFSa program areas fall within the ZOI varies from country to country.

33 In Cambodia, there was a strong decline in stunting while other indicators – such as children's MAD and prevalence of exclusive breastfeeding under six months of age, which are supposed to reflect causal relationships according to the RF – showed no significant progress.

34 In Malawi, there was a strong decline in stunting while other indicators – such as children's MAD and prevalence of exclusive breastfeeding under six months of age, which are supposed to reflect causal relationships according to the RF – showed no significant progress.

FTF Focus Countries with Least Nutritional Impact

There are a few countries that do not seem to fare as well in terms of nutritional impact from a comparison of the FTF baseline and interim population-based surveys. It should be noted that at the time of this publication, end lines are not publicly available; there is generally a period of 3 years between baseline and interim. However, it is important to note that interpretation of these results is only possible with comparison of areas of FTF influence with non-FTF areas. FTF could still have made a significant impact on nutrition if the other non-ZOI areas also changed more comparatively or if underlying factors of malnutrition (e.g., sanitation and hygiene) were not addressed, but FTF still managed to have a positive impact on nutritional status. Since counterfactuals are not available these results should not be taken at face value.

Child Stunting: In four FTF countries child stunting actually increased (worsened): Haiti (20.8% to 23%⁹⁰), Nepal (45.2%⁹¹ to 47%⁹³ (MICS 2014), Mozambique (51.6 to 51.8%⁹⁴) and Senegal (23.1% FTF) to 25.8%⁹⁵). However, given that these countries were a subset of data, the evaluation team was unable to determine the extent to which FTF, as a whole, including all 19 focus countries, is on track to achieve its five-year goals of contributing to reductions of 20% stunting, primarily due to the nature of the analysis and the discrete country portfolios.⁹⁶

Child Underweight: A key impact indicator- 'child underweight' was removed from the FTF phase 2 results framework.⁹⁷ In six of the 19 focus countries, child underweight prevalence in the ZOI increased (worsened) from baseline to interim including: Ghana (18.4%⁹⁸ to 19%), Guatemala (17.3%⁹⁹ to 19.04%¹⁰⁰) Liberia (14.7% to 15.2%), Tajikistan (10.5%¹⁰¹ to 16%¹⁰²), and Zambia (13.3%¹⁰³ to 13.6%¹⁰⁴).

Child Wasting: Eight of 19 FTF countries had increasing (worsening) child wasting prevalence from FTF baseline to interim/midterm PBSs including: Ghana (11% to 14%), Guatemala (0.3% to 1.37%), Northern Kenya (13.7% to 18.6%), Kenya (5.1% to 9.7%), Liberia (2.3% to 8.2%), Tajikistan (6.9% to 9.2%), and Tanzania (4.7% to 5.3%). It is important to note that if the PBS surveys were not conducted at the same times of the year, seasonality can factor in a difference in wasting prevalence. Despite the lack of some FTF countries progress with regard to wasting, the Stanford NIH study concluded that if FTF can

be attributed for change, collectively, FTF programming across countries can be estimated to help prevent 614,000 (59,000 to 1.2 million) fewer children from being wasted; for an overall 1 percentage point relative reduction in wasting.¹⁰⁵ It is important to note that child wasting was recently prioritized for USAID with the addition of the FTF draft nutrition learning agenda question: "How can we achieve greater programming efficiency and effectiveness to accelerate the reduction of wasting and stunting in all contexts by jointly addressing both manifestations of undernutrition?"¹⁰⁶ Furthermore, the recent, 'COVID-19: Shocks on Nutrition and Potential Mitigation USAID Guiding Principles and Recommendations'¹⁰⁷ guidance identifies the management of wasting and acute malnutrition as a priority action.

Women Underweight: The indicator 'women underweight' had varying results from PBS baseline and midterms/interims—9 out of 19 FTF countries had women underweight prevalence increase (worsen) from the FTF baseline to midterm/interim PBSs. This includes: Cambodia (15.9% to 23%), Ghana (10.5% to 12.2%), Haiti (9.7% to 12.2%), Southern Kenya (9.8% to 14.1%), Liberia (12% to 13.3%), Mozambique (8.1% to 10.6%), Nepal (21.5% to 23.2%), Senegal (20.7% to 21.7%) and Uganda (7.98% to 10.1%). Prevalence of underweight women significantly decreased in Cambodia and Bangladesh statistically, but increased in Honduras. While results also showed decreases in prevalence in Malawi, Tajikistan and Zambia and increases in Mozambique, Uganda, Senegal and Nepal, Senegal's result was not statistically significant, and statistical significance could not be concluded for the other results.¹⁰⁸ It is important to note that the data from some of the baselines reported from the actual baseline reports differ from the baselines reported in the "From the Start: Feed the Future Global Status Report."¹⁰⁹ USG has stated that they focused analysis on countries where progress on stunting or poverty appeared to be off-track to meet targets at interim and did not examine women underweight closely.¹¹⁰

FTF Focus Country Status Changes and Impacts on Nutrition

Nutrition-Sensitive Agriculture Elevated: The new Center for Nutrition (CN)³⁵ leads USAID's nutrition work and has an inherent focus on programming, policy and partnership work in nutrition-sensitive agriculture, nutritious food systems and food safety.

35 Centers in USAID provide Agency-wide support and services, technical leadership, core programming, coordination, and global engagement to advance a particular key focus area or cluster of areas that are high priorities for the Agency. Centers are the base of Agency technical leadership and expertise, providing fund and portfolio management, professional support for associated overseas staff and global engagement to advance high-priority key focus areas with significant Agency-wide importance. In cases where a focus area has both a leadership council and a center, the center would support the operations of the leadership council as the chair and secretariat. Key Functions of Centers in USAID: - Provide state-of-the-art technical leadership to missions to achieve better results, - Manage core global programs necessary to achieve development results. Source: "BEYOND THE ORGANIZATIONAL CHARTS," n.d. https://www.usaid.gov/sites/default/files/documents/1868/Fact_Sheet_Beyond_the_Organizational_Charts_Leadership_Councils_Centers_and_Hubs.pdf.



Tapash Paul/CARE

Routine Monitoring and Population-Based Surveys (PBSs):

FTF has significantly improved country and implementing partner policy and program guidance and design, while strengthening implementing partners capacity to conduct monitoring of routine indicators and PBSs.^{36 111 112} USAID

provides expertise and leadership in rigorous monitoring, evaluation and learning for the initiative. The PBS's (baseline, interims and end line) "monitoring surveys" (typically conducted every 3 years) have been successful in providing reference indicator comparisons and are pivotal in measuring population level nutritional impact of FTF programming over time and to monitor project progress.³⁷ Beneficiary-based surveys are conducted among a sample of a project's direct beneficiary population and are regularly conducted during

USAID/BHA (FFP) development food security activities.^{38 39}

Furthermore, focus countries have used data from evaluations and assessments to assess what is needed going forward and to develop new activity designs, plans for strategy adjustment and new areas of investments.¹¹³

Monitoring Information System: The indicators collected are either for the entire ZOI-level, or at the implementing mechanism level. The ZOI-level population-based survey indicators and national/regional-level indicators are reported in FTFMS only.¹¹⁴ However, it is important to note that the FTFMS or FTF performance monitoring system is not designed to capture causality, which requires rigorous impact evaluations.

36 Feed the Future focus countries continuing past 2018 as target countries and existing FFP DFSAs are required to collect end-line data on the phase one indicators for which they also collected data at baseline, even if those indicators were dropped as phase two indicators. Feed the Future focus countries not continuing as target countries are required to report only end-line results for the prevalence of poverty and stunting indicators, and only when secondary data are available to do so.

37 In the FFP context, baseline and end-line PBSs are used to see if there has been change over time in key outcome and impact indicators. However, although FFP IPs sometimes conduct monitoring BBSs, they generally do not conduct monitoring PBSs.

38 The term "project" refers to FFP-funded DFSAs and to non-FFP-funded activities under the broad banner of Feed the Future projects. See USAID Automated Directives System glossary for the definitions of project and activity (<https://www.usaid.gov/who-we-are/agency-policy/glossary-ads-terms>).

39 Direct beneficiaries are those who come into direct contact with the set of interventions (goods or services) provided by the project in each technical area. Individuals who receive training or benefit from project-supported technical assistance or service provision are considered direct beneficiaries, as are those who receive a ration or other type of good. These should be distinguished from indirect beneficiaries, who benefit indirectly from the goods and services provided to the direct beneficiaries, e.g., members of the household of a beneficiary farmer who received technical assistance, seeds and tools, other inputs, credit, or livestock; or neighboring farmers who observe technologies being applied by direct beneficiaries and elect to apply the technologies themselves.

Programmatic, Political and Financial Barriers to Scaling-up Nutrition in FTF

Despite FTF's successes in improving nutrition impact, there are still some programmatic, political and financial barriers that have been identified by the literature review and USG staff that FTF faces as it attempts to scale-up the FTF global nutrition response.

Programmatic Barriers: The *coordination of USG-funded implementing partners by the USG both globally and at the country level remains a challenge*. This results in duplication of efforts and lack of a coordinated approach at the country level to implement complementary programs through various funding mechanisms (e.g., WASH, agriculture and health programs). There are still no designated Nutrition Coordinators at the USG Mission-level responsible for oversight of nutrition programming. Management of the nutrition portfolios is often assigned to FTF Coordinators already overwhelmed by agriculture activities that have the most funding.

Data quality issues: Although improving significantly, there are a number of inherited data quality issues from FTF phase 1. Many PBS used secondary data sources for baseline and/or interim surveys. The collected data was from survey dates that did not align with program implementation and failed to collect information on non-intervention areas for comparison and to reinforce attribution. It is important to note that the Multisectoral Nutrition Strategy periodic assessment compares USAID country level progress for nutrition to global averages for each indicator.^{115 116} However, the authors of the global performance evaluation think that comparing national country nutritional status data to a global average benchmark has a lot of data quality issues and therefore does not deem the ranking relevant. The global performance evaluation also noted that challenges remain in terms of measuring all results completely and fully capturing the successes that have been achieved.¹¹⁷ Targets vs. actual analysis of indicators showed substantial variation. Some of the most common reasons for variations in performance were put in three categories: reporting errors⁴⁰, performance issues⁴¹

and external environmental factors⁴² affecting performance. Country-level progress with nutritional status did not always translate to the same level of progress for nutritional status outcomes within the countries' USG-geographic targeted ZOI. The performance evaluation also noted that there were potential discrepancies in impact on direct vs. indirect FTF beneficiaries and the impact on the general population in the ZOI. The USAID MSNS periodic assessments (2018, 2022 & 2025) are expected to compile nutrition outcome and reach indicator data.¹¹⁸ However, it is unclear how this data will be collected and this will require additional analysis and estimation for years in which nutrition outcome data are not available. In the FTF focus countries, coverage indicator data will monitor progress for nutrition-specific and -sensitive programming at the population and activity level.

Integrating Nutrition into Agriculture: Although FTF phase 1 had dual goals of reducing poverty and malnutrition (measured through reduction of underweight and stunting), there was a lack of clarity on what constitutes desirable programmatic integration of agriculture and nutrition.¹¹⁹

Despite the progress made to elevate the importance of nutrition-sensitive agriculture, there are still struggles to integrate nutrition into agriculture programming. We know more about the implementation approaches, selection of value chains, integration of direct nutrition interventions and the agriculture–nutrition pathways associated with the current FTF activities.¹²⁰ However, challenges with integrating nutrition into agriculture include the need for additional process/output indicators for the intermediate steps along the pathways; consideration of gender and social norms; better targeting of both geographic regions and beneficiary groups; multisectoral coordination; the importance of nutritious value chain selection, market access, and social and behavior change along the value chains and pathways.¹²¹ The intention of the phase 2 FTF/GFSS results framework is to integrate and coordinate agriculture and nutrition activities to increase availability of diverse and nutrient-dense plant and animal source foods. However, according to public FTF impact evaluations there are limited documented successes with this integration.⁴³

40 Reporting errors were caused by confusion surrounding measurement for indicators, which led to double counting, undercounting, and other issues.

41 Performance issues included project delays at either start-up or scale-up, inaccurate planning leading to incorrect target-setting, and budget constraints affecting implementation.

42 External environmental factors included: weather fluctuations, including droughts and floods; macro-economic trends impacting exchange rates, input and commodity prices and exports; and macroeconomic, political, and security concerns impacting access, programming, and immigration.

43 The 'nutrient-rich value chains' indicators that were dropped in 2016 were 1) (EG.3.3-a) Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities [ZOI-level] and 2) (EG.3.3-b) Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (O)

Political Barriers: The Trump administration appeared to not prioritize investing in global public health and food security/nutrition programs, as evidenced by dwindling budget requests and less focus on global health issues compared to previous administrations. Both the evolving Covid-19 pandemic that resulted in the United States declaring a national emergency on March 13, 2020¹²² and the notice of withdrawal of the United States from the World Health Organization, effective July 6, 2021 (the U.S. has since changed course to remain in the WHO) also contributed to a challenging political environment¹²³ shifting funding priorities from global health to domestic health. It is important to note, however, that Congress has demonstrated bipartisan support for FTF and food security funding.

While we appreciate that the Biden administration's first President's Budget Request for FY22 did not include any of the previous deep proposed cuts to nutrition and food security budget accounts, this proposal largely requested flat funding levels for these accounts. It is good to see that


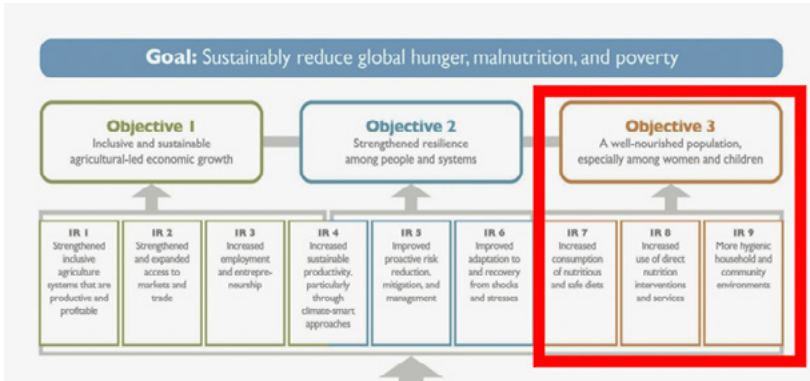
Congress has provided stronger funding levels in its FY22 appropriations bills, including an increase to \$160 million for the nutrition sub-account. We hope both the new Administration and Congress will provide strong support for nutrition and food security programming, including Feed the Future, and include robust funding for these accounts in the future.

Financial Barriers: There is **limited funding for nutrition within USG foreign assistance**. However, Congress has provided moderate funding increases to the nutrition subaccount over the past several years, ignoring the President's Budget Requests, which repeatedly called for sharp cuts to nutrition, and funded Feed the Future at a consistent annual level of approximately \$1 billion. There is also **limited funding for measurement and primary data collection** and the demographic health survey often used as the status quo in lieu of primary data was not designed for evaluations.



Annex 1: FTF Results Frameworks Phases 1 & 2

Table 2: 'Feed the Future'-The United States Government's Global Hunger and Food Security Initiative Results Framework 2010-2016 and 2018-Present (2021)

Phase 1: Results Framework (2010-2016)	Phase 2: Results Framework (2017-Present (2021))
 <p>In the first phase of the FTF results framework (2010-2016) nutrition was integrated as follows:</p> <p>Objective 2 (out of 2 objectives) Improved nutritional status (women & children) with the following IRs:</p> <ul style="list-style-type: none"> IR: Improved access to diverse and quality foods IR: Improved Nutrition related behaviors IR: Improved use of maternal and child health & nutrition services 	 <p>The overarching goal of the GFSS is to sustainably reduce global hunger, malnutrition and poverty through three interrelated and interdependent objectives. Currently, nutrition is within objectives 2 & 3 in the results framework an in 2 IRs:</p> <p>Objective 2: Strengthened Resilience among People and Systems</p> <p>Objective 3: A well-nourished population, especially among women and children</p> <ul style="list-style-type: none"> IR.7: Increased consumption of nutritious and safe diets IR 8: Increased use of direct nutrition interventions and services
<p>Source: Author, 2020</p>	

Annex 2: Methodology & References

Methodology

CARE received funding from the Eleanor Crook Foundation (ECF) to conduct research to explore the ways in which the USG's Global Hunger and Food Security Strategy has contributed to overall nutritional outcomes and impact, and to present recommendations for strengthening nutritional outcomes in US global food security programming. A comprehensive situational analysis and desk review was conducted from FTFs beginning in Phase 1 (2010-16) to its present implementation in Phase 2 (2017-21). The review focused on USG nutrition headquarters and focus country-level policy guidance, indicators and indicator guidance, program documents, impact evaluations, population-based surveys, baseline and interim zone of influence reports, survey implementation protocols, FY2010 Implementation Plans, Multi-Year Strategies; Global Food Security Strategies (GFSS) and Country Development Cooperation Strategies. It also included a review of documents that are key to understanding implementation, such as: USG Nutrition

bilateral/central program RFAs (program descriptions), USG nutrition program impact evaluations, USG individual nutrition bilateral/central program documents, USG budgets for nutrition, progress reports, periodic assessments, annual reports, learning agenda changes, technical guidance, etc. A consultative stakeholder workshop was held in February 2020 to discuss preliminary findings and discuss the ways in which FTF has contributed to nutritional outcomes and suggestions for future programmatic and policy actions. In addition, a number of focused key informant interviews were conducted with USG previous and current FTF staff. The consultant conducted a document review to triangulate and complement interviews with information on the operating environment and country context. Finally, there was a technical review/final validation with various global nutrition experts to gather the last technical input and feedback from the comprehensive analysis to streamline findings and highlight in this policy brief.



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Endnotes

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For additional Nutrition (specific and sensitive) Guidance from the Multi-sectoral Strategy

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74 The Food Insecurity Experience Scale (FIES) measures the percentage of households that experienced food insecurity at moderate and severe levels during the 12 months prior to data collection. The severity of the experience of food insecurity is defined as a measurable latent trait (a characteristic that is not directly observable, but can be measured indirectly, for example by taking into account behavioral and psychological experiences, in this case around food insecurity). It is measured through the Food Insecurity Experience Scale (FIES), a measurement scale established by the Food and Agriculture Organization (FAO) of the United Nations. The indicator is based on an estimation of the probability that each household belongs to a specific category of food insecurity severity (moderate and severe), as determined by the household's position on the scale.

75 "Feed the Future Global Performance Evaluation: Final Evaluation Report Annexes: December 2016," n.d. https://pdf.usaid.gov/pdf_docs/PBAAF132.pdf.

76 This was the process outlined: They used quantitative data, FTFMS data, and as available, updated baseline information and data from impact evaluations. For step 1: they conducted statistical analysis per focus country comparing actual performance values to date to targets set each year to measure national level impact goal level indicators on prevalence of poverty and prevalence of underweight children, and for national impact indicators for measuring Inclusive Agriculture Sector Growth and for Improved Nutritional Status especially of Women and Children. For Step 2: they prepared performance trend lines for each focus country based on the analysis conducted under Step 1 for each of the national impact indicators. Include the LOP targets. For step 3 they examined the FTF Results Framework for each of focus countries to document the sub-IRs and indicators each focus country has selected to support progress at the IR level. For step 4 they used the FTFMS data, repeat analytical procedures conducted under Step 1 for each sub-IR included in each focus country's FTF Results Framework that is associated with one or more of the eight IRs. Repeat procedures for each indicator used by the focus country to measure the sub-IRs. Step 5: Prepare a performance trend line for each focus country based on the analysis conducted under Step 4 for the sub-IRs per Mission including LOP targets per indicators. For step 6 they conducted an analysis comparing the trajectory of performance to date against targets for each IR, and the trajectory of performance to date against targets of each sub-IR supporting the each of those IRs and make a determination of the likelihood of achieving targets at the IR level based on this analysis. For step 7 they used the results of the analysis from Step 6, compared with the results of the performance trends calculated for each national impact level indicator (separate analysis for portions of FTF result framework associated with inclusive agricultural growth and poverty reduction and for portions of FTF results framework associated with improved nutritional status and reduction in stunting) to determine whether five-year goals for poverty reduction and for stunting by 20% is achievable.

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79 Hunger: 'Prevalence of households with moderate or severe hunger (ZOI PBS). This indicator has changed in phase 2 and was dropped. It was replaced with a new indicator (EG-e) Prevalence of moderate and severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) [ZOI-level], which measures the broader food insecurity experience.

80 El Niño's devastating effects in the Malawi ZOI may have contributed to this performance.

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82 Child Wasting is measured by: (HL9-b) Prevalence of wasted (WHZ < -2) children under five (0-59 months) [ZOI-level].

83 ZOIs are the geographic zones where Feed the Future programmatic interventions are concentrated within a country and where population-level impacts on poverty, hunger, and malnutrition are measured.

84 Cambodia was missing data for baseline W-MDD. Ethiopia was missing data for interim W-MDD. Ghana was missing data for baseline W-MDD. Guatemala was missing

data for baseline W-MDD. Haiti was missing data for baseline W-MDD. Kenya was missing data for baseline W-MDD. Liberia was missing data for WDDS, W-MDD, and exclusive breastfeeding. Mali is missing all data. Mozambique is missing baseline data for W-MDD. Nepal is missing baseline data for W-MDD. Nigeria and Niger both did not conduct baselines yet. Rwanda, Senegal and Tajikistan are missing baseline data for W-MDD. Tanzania is missing baseline data for household hunger, and W-MDD. Both Uganda and Zambia are missing baseline data on W-MDD and Zambia is missing baseline data on exclusive breastfeeding. Other caveats in the data are as follows: Ethiopia reported on FTF Zones of Influence-Woredas, Non FTF Zones of Influence-Woredas and all woredas. Ghana reported on FTF Zone of influence as well as the RING nutrition bilateral. Resiliency in Northern Ghana (RING) is a 5-year integrated project and partnership effort under FTF Initiative funded by the United States Agency for International Development (USAID) designed to contribute to the Government of Ghana's efforts to sustainably reduce poverty and improve nutrition in the region. Kenya: In Kenya, the FTF Zone of Influence is composed of two strata: the northern resilience stratum comprising five counties; and a second stratum comprising 16 counties in the high rainfall area (HR1) and six counties in the eastern semi-arid area (SA2). Thus, there are two surveys for Northern Kenya and the other Zones of Influence in Kenya. Liberia used the Comprehensive Food Security and Nutrition Survey (CFSNS) for baseline data. (Source: "Liberia Comprehensive Food Security and Nutrition Survey (CFSNS) June 2013." Republic of Liberia. Accessed February 1, 2020. <https://www.moa.gov.lr/doc/CFSNS-FINAL.pdf>) Malawi used Demographic Health Survey (DHS) data for the baseline. (Source: "The DHS Program - Malawi: Standard DHS, 2010 Dataset." Accessed February 6, 2020. https://www.dhsprogram.com/data/dataset/Malawi_Standard-DHS_2010.cfm?flag=0.) Mali has no baseline or Interim Assessment reports. Mozambique used DHS 2011 data for the baseline and did not report on a Midterm Interim Assessment (Source: "Moçambique Inquérito de Indicadores de Imunização, Malária e HIV/SIDA Em Moçambique (IMASIDA) 2015 Relatório Final." Ministério da Saúde (MISAU) Instituto Nacional de Estatística (INE) Com a Assistência Técnica de ICF, Fevereiro 2018. <https://www.dhsprogram.com/pubs/pdf/AIS12/AIS12.pdf>.) Nepal used both NDHS and Population based survey data. (Source: MOHP/Nepal, Ministry of Health and Population - New ERA/Nepal, and I. C. F. International. "Nepal Demographic and Health Survey 2011." March 1, 2012. <https://www.dhsprogram.com/publications/publication-FR257-DHS-Final-Reports.cfm>.) Rwanda used DHS data for both baseline and midterm interim assessment reports. (Source: NISR, National Institute of Statistics of Rwanda - Ministry of Health - MOH/Rwanda, and I. C. F. International. "Rwanda Demographic and Health Survey 2010." February 1, 2012. <https://www.dhsprogram.com/publications/publication-FR259-DHS-Final-Reports.cfm>.) Senegal did not have a midterm interim assessment report. Tanzania used DHS data for both baseline and the midterm interim assessment reports (despite The Mitchell group supporting a Population based Survey there) (Sources: NBS/Tanzania, National Bureau of Statistics - and I. C. F. Macro. "Tanzania Demographic and Health Survey 2010." April 1, 2011. <https://www.dhsprogram.com/publications/publication-FR243-DHS-Final-Reports.cfm>.) & "Tanzania Demographic and Health Survey and Malaria Indicator Survey." Dar es Salaam, Tanzania and Rockville, Maryland: Ministry of Health, Community Development, Gender, elderly and Children (MOHCDGEC), Ministry of Health (MOH), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF, 2016. <https://www.dhsprogram.com/pubs/pdf/FR321/FR321.pdf>.) Uganda used DHS data for the baseline (Source: Ubos, Uganda Bureau of Statistics - and I. C. F. International. "Uganda Demographic and Health Survey 2011." August 1, 2012. <https://www.dhsprogram.com/publications/publication-FR264-DHS-Final-Reports.cfm>.)

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