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Renewing U.S. Leadership to End Stunting

Opportunities for the Next Administration

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Shan Soe-Lin, Austin Jaspers, and Robert Hecht¹

Executive Summary

Malnutrition contributes to half of all child deaths under 5 globally, and represents a massive development failure. Malnourished children who do not receive essential nutrients during the first 1,000 days from conception to their second birthday are at extreme risk of stunting, defined as low height for age. Stunting has lifelong and irreversible negative consequences on cognitive development and earning potential—studies have estimated that child undernutrition can reduce a country's GDP by as much as 12 percent.² Stunting represents the most severe form of chronic malnutrition, and today, nearly 160 million children are stunted globally.

There has been broad recognition by the global community that nutrition is foundational to development. The United Nations recently ratified the Sustainable Development Goals (SDGs), which provide a common set of goals for the world to follow to end all forms of poverty by addressing health, education, social protection, climate change, and environmental protection needs. Nutrition has been recognized as a foundational need, and the SDGs have set a goal to reduce the prevalence of stunting by 40 percent, or roughly 63 million children by 2025, and all forms of malnutrition by 2030. The United States has ratified the SDGs, and through its multisectoral nutrition strategy, has made the commitment to reduce stunting by 20 percent by 2020 in focus countries.

Achieving these ambitious goals will be difficult, but is possible. The nutrition evidence base has expanded in recent years, and it is now known that scaling up a set of targeted interventions, including vitamin A supplementation and multiple-micronutrient supplementation, dietary diversity, access to complementary foods, promotion of exclusive

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² World Food Programme, "Cost of Hunger in Africa Study: A Regional Look at the Price of Child Undernutrition in Africa," April 4, 2014, <https://www.wfp.org/news/news-release/cost-hunger-africa-study-regional-look-price-child-undernutrition-africa>.

breastfeeding, and access to clean water and hygiene practices are essential for reducing stunting.³

The greatest challenge with meeting the stunting targets is that interventions need to be scaled up across health, agriculture, education, and other social sectors. Financing for nutrition is also fragmented across multiple sectors, and accountability for nutrition outcomes is weakened as a result across countries and donors, including the United States. Countries like Ethiopia have made great strides against stunting and malnutrition through strong multisectoral coordination across governments, donors, and partners, and successful scale-up of targeted, evidence-based interventions.⁴ These positive examples demonstrate that rapid progress is possible when resources, skill, and political will converge.

The U.S. government has a long history of pioneering innovation in nutrition and applying new knowledge in successful implementation. U.S. investments in nutrition have supported path-breaking research on the life-saving effects of vitamin A and other micronutrients, and work that identifies linkages between malnutrition and cognitive impairment.⁵ These findings have formed the foundation of basic nutrition interventions, and, through widespread implementation, have contributed to saving millions of lives. The United States has continued to use its rich experience, knowledge, and reach to innovate around better and more efficient ways to encourage multisectoral cooperation and drive down stunting. Feed the Future, a flagship multisectoral program to combat global hunger, food insecurity, and malnutrition primarily through agriculture programs, has seen rapid reductions in stunting of 2–4 percent per year on average within zones of influence where programs are implemented.⁶

However, these successes in stunting reduction cannot be taken for granted. The United States currently spends less than 1 percent of overseas development assistance (ODA) on basic nutrition, and U.S. disbursements for global nutrition have been declining since 2013.⁷ These trends in reduced financing and nutrition prioritization put previous hard-fought gains at risk, and, if allowed to continue, will result in missed opportunities in the fight against stunting and malnutrition.

The U.S. government has renewed its engagement in nutrition by committing to the Scaling Up Nutrition (SUN) movement, setting targets to reduce stunting by 20 percent in 19 focus high-burden countries, and pledging \$1 billion for nutrition at the Nutrition for Growth (N4G) gathering in 2013.⁸ The U.S. Agency for International Development (USAID) has also

³ Maternal and Child Nutrition Series, *The Lancet*, June 6, 2013, <http://www.thelancet.com/series/maternal-and-child-nutrition>.

⁴ Derek D. Heady, "Nutrition in Ethiopia: An emerging success story?," ESSP Research Note 40, International Food Policy Research Institute, 2015, <https://www.ifpri.org/publication/nutrition-ethiopia-emerging-success-story>.

⁵ Tonya Himelfarb, "50 Years of Global Health: Saving Lives and Building Futures," USAID, 2014, https://www.usaid.gov/sites/default/files/documents/1864/USAID_50-Years-of-Global-Health.pdf.

⁶ Feed the Future, "2015: Achieving Impact—Leadership and Partnership to Feed the Future," https://feedthefuture.gov/progress2015/assets/2015_FTF_Progress_Report.pdf.

⁷ Organization for Economic Cooperation and Development–Development Assistance Committee (OECD–DAC), "International Development Statistics Online Databases," <http://www.oecd.org/development/stats/idsonline.htm>.

⁸ Action, "Following the Funding: Nutrition for Growth," [http://www.action.org/images/general/Following_the_Funding,_Nutrition_for_Growth_\(ACTION,_April_2015\).pdf](http://www.action.org/images/general/Following_the_Funding,_Nutrition_for_Growth_(ACTION,_April_2015).pdf).

developed a multisectoral nutrition strategy, aiming to coordinate efforts across multiple agencies to scale up priority interventions and increase capacity to meet the United States' goal of reducing stunting by 20 percent by 2020 in its priority countries; however, the N4G pledge by the United States did not include new money for nutrition, and only \$318 million was allocated toward nutrition-specific interventions across all of U.S. government in 2014.⁹ Implementing the multisectoral nutrition strategy and meeting targets, however, will require more resources, strong leadership, and commitment from across the whole of government to make reducing stunting a development priority for the United States.

There is now an urgent need for the next administration to maintain the current momentum, protect the gains made against stunting and malnutrition, and capitalize upon the opportunity to save and improve even more lives by implementing the multisectoral nutrition strategy, and creating a better resourced and stronger enabling environment for nutrition within the U.S. government. Reducing stunting is a winnable development battle with enormous benefits, not only for health, but also for economic prosperity.

Current Global Stunting Burden Represents Enormous Missed Opportunities to Save Lives and Protect Future Cognitive and Economic Potential

Stunting is defined as low height for age, and is a manifestation of chronic malnutrition particularly within the first 1,000-day window from pregnancy to after the child's second birthday. Factors such as poor maternal nutrition, poor feeding practices, poor food quality, and frequent infections are contributors to reduced height for age. The effects of stunting are generally irreversible after 2 years of age, and are associated with reduced motor development, impaired cognitive function, poor school performance, and lower earning potential as an adult.¹⁰

Currently, 1 in 3 children in the developing world (160 million children) are estimated to be stunted.¹² This represents not only a staggering and otherwise preventable global development failure, but also an equally massive loss of cognitive and productivity potential. Multiple studies confirm the links between reduced growth of young children and both poorer lifelong health and reduced educational and economic productivity potential.¹¹ Alarmingly, other studies¹² have found that up to 50 percent of all childhood deaths under 5 are associated with malnutrition. Although stunting is declining globally, this has mostly been driven by stunting reductions in Southeast Asia. The number of stunted children has actually been increasing in West and Central Africa (estimated 28 million children stunted), and

⁹ International Food Policy Research Institute, "Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development," 2015, <http://www.ifpri.org/publication/global-nutrition-report-2015>.

¹⁰ World Health Assembly, "WHA Global Nutrition Targets 2025: Stunting Policy Brief," http://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf.

¹¹ Kathryn G. Dewey and Khadija Begum, "Long-term consequences of stunting in early life," *Maternal and Child Nutrition*, 2011, <http://www.ncbi.nlm.nih.gov/pubmed/21929633>.

¹² UNICEF, "Nutrition: Current Status + Progress," updated June 2016, <http://data.unicef.org/nutrition/malnutrition.html>.

stunting declines have lagged global reductions in South Asia where a third of the world's stunted children live.¹³

Nutrition as a development agenda encompasses many different sub-areas in addition to chronic malnutrition, including improving food security, promoting sustainable agriculture, and reducing hunger. This report, however, will focus on stunting as the umbrella indicator of progress against the most severe and irreversible manifestation of chronic malnutrition, and consistent with stated U.S. government strategic goals and priorities.

Recognition of the Importance of Stunting as a Critical Barrier to Development

The global health community has indeed recognized that addressing stunting is a critical priority for improving overall human development. The World Health Assembly (WHA) has set a target to reduce stunting by 40 percent by 2025, and this target has also been incorporated into the SDGs ratified by the UN general assembly in 2015. The United States has endorsed both the WHA stunting target and the SDGs, and has made the commitment within USAID's multisectoral nutrition strategy to reduce chronic malnutrition by 20 percent by 2020 in the 19 focal countries with a high stunting burden where USAID nutrition activity is underway.¹⁴ Collectively, these countries represent approximately 18 percent of the global stunting burden, with over 30 million stunted children.¹⁵

Types of Nutrition Interventions

Nutrition specific: Address immediate determinants of malnutrition, and include management of severe acute malnutrition, counseling to promote breastfeeding and complementary feeding, essential micronutrients for both pregnant women and children.

Nutrition-sensitive: Address underlying causes of malnutrition through indirect effects, an important complement to nutrition-specific interventions to reduce stunting. Examples of such interventions include family planning, water and sanitation, nutrition-sensitive agriculture, and women's education.

Reducing Stunting Will Require Scale-up of Both Nutrition-sensitive and Specific Interventions, through Coordination across Multiple Sectors

Reducing stunting requires the scaling up of nutrition-specific interventions delivered through the health sector to pregnant women and young children during the critical first 1,000 days from pregnancy through a child's second birthday, including management of severe acute malnutrition, counseling, and iron and other micronutrient supplementation during pregnancy, and then, for the young child, vitamin A, zinc, and other micronutrient supplementation, exclusive breastfeeding, and introduction of complementary foods at six months of age. However, reducing stunting effectively also requires the scaling up of nutrition-sensitive interventions, including those related to water and sanitation, agriculture,

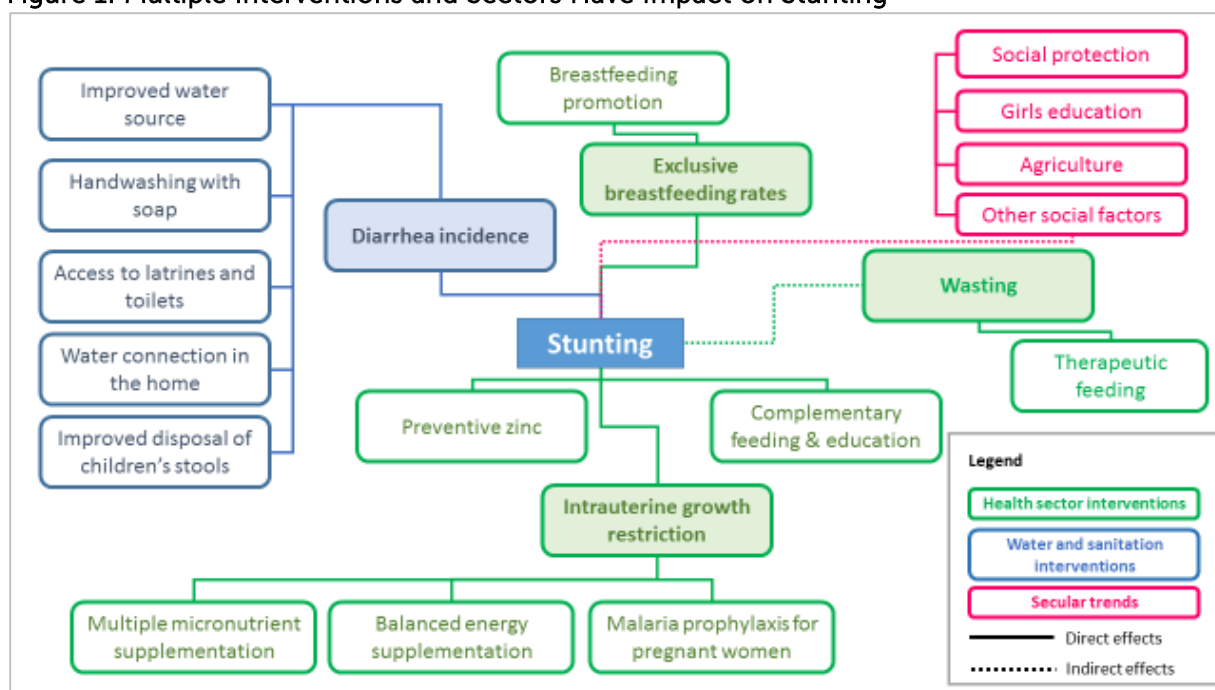
¹³ International Food Policy Research Institute, "Global Nutrition Report: Actions and Accountability to Advance Nutrition & Sustainable Development," 2015, http://www.fao.org/fileadmin/user_upload/raf/uploads/files/129654.pdf.

¹⁴ The 19 USAID Nutrition Countries include: Bangladesh, Cambodia, Ethiopia, Ghana, Guatemala, Haiti, Honduras, Kenya, Liberia, Malawi, Mali, Mozambique, Nepal, Rwanda, Senegal, Tajikistan, Tanzania, Uganda, and Zambia.

¹⁵ International Food Policy Research Institute, "Global Nutrition Report: Actions and Accountability to Advance Nutrition & Sustainable Development."

girls' education, and social protection, all of which address critical determinants of under-nutrition. The historic lack of coordination, joint planning and funding, and accountability among these sectors has limited the potential synergistic impact on stunting that could be achieved when these nutrition-sensitive interventions accompany nutrition-specific activities. Figure 1 illustrates the potential interaction of nutrition-specific and sensitive activities.

Figure 1: Multiple Interventions and Sectors Have Impact on Stunting¹⁶



Success stories include USAID's Feed the Future program (described in more detail in Section 3 and in the box on Ethiopia)—which has achieved striking results on stunting reduction by adding intensified nutrition-sensitive agriculture to existing nutrition interventions in many countries—demonstrate the rapid progress that can be achieved when coordination between nutrition-specific and nutrition-sensitive sectors is successful.

Global Nutrition, and Stunting in Particular, Is Critically Under-resourced

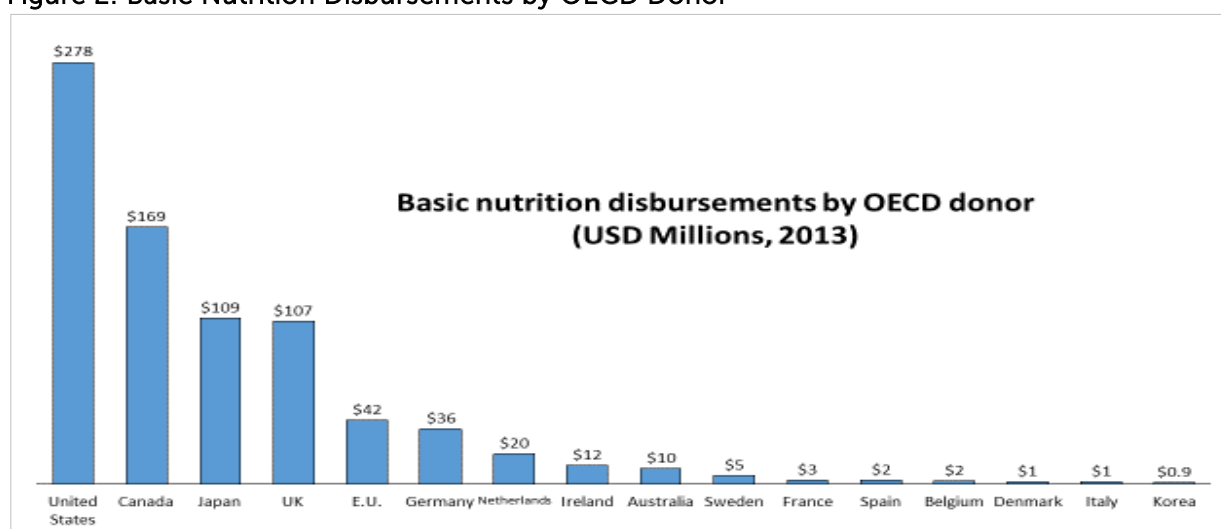
Bold global and U.S. commitments to reduce stunting by 2025 cannot achieve their potential without addressing fundamental and critical shortfalls in resourcing and multisectoral coordination. In 2013, only \$934 million of total official development assistance was spent on all basic nutrition activities, as self-reported in the OECD DAC donor database (Figure 2).

¹⁶ William Winfrey, Robert McKinnon, and John Stover, "Methods Used in the Lives Saved Tool (LiST)," *BMC Public Health*, vol. 11, supplement 3, April 2011, <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-S3-S32>.

With regards to spending on interventions known to reduce stunting, the United States contributes \$180 million of the total \$300 million from all donors, but this is still far short of what is needed.¹⁷

In 2013, *The Lancet* published its latest Maternal and Child Nutrition Series documenting a package of key evidence-based nutrition-specific interventions—including provision of complementary foods, promotion of exclusive breastfeeding, and micronutrient supplementation—that are necessary to reduce stunting. Recent analyses conducted by Results for Development Institute, along with the World Bank, estimated that \$49.7 billion will be needed over the next 10 years (average of \$5 billion per year) to scale up this key package of interventions. When compared with the \$2.5 billion per year that is currently being spent on stunting interventions (\$300 million from donors as described above, \$2.2 billion from countries), intensification of effort from donors and countries will be needed to mobilize the necessary resources to meet the ambitious targets.

Figure 2: Basic Nutrition Disbursements by OECD Donor



Previous Global Commitments to Nutrition Have Not Been Realized

The global nutrition community held its first pledging moment at the N4G conference in 2013, which succeeded in mobilizing \$4.2 billion in nutrition-specific commitments over three years from donors and governments for nutrition. However, as of 2016, few of these commitments have actually been realized.¹⁸ The world mobilized for the second N4G event in August 2016 in Rio ahead of the Olympics. High-level participants emphasized nutrition's centrality to health and called on Italy to host a future pledging event in 2017. Given the multiple competing demands on donor assistance and country budgets, including new commitments to climate change and the ongoing migration crisis, the likelihood of

¹⁷ Results for Development Institute Analysis.

¹⁸ ACTION Nutrition for Growth Scorecard <http://www.action.org/resources/item/following-the-nutrition-funding>.

increasing global resourcing for nutrition is uncertain and will require coordinated and concentrated high-level political commitment from both countries and donors.

Clear Opportunities for the Next Administration to Increase U.S. Leadership, Coordination, and Catalyze Resource Mobilization

It is clear that saving child lives and increasing human development on a significant scale will not be possible without explicitly addressing chronic malnutrition and stunting. Significant increases in resources, coordination, and global and country leadership are necessary for the proposed stunting reductions to be met. The U.S. government has many strengths upon which to draw to address the root causes of malnutrition, including:

- Over 50 years of experience catalyzing nutrition research and linking findings to implementation;
- Reach into 19 high-burden countries and the over 100 countries overall where USAID operates;
- Established delivery platforms for building capacity, strengthening health systems, and improving policy; and
- Deep relationships and collaborations with governments, other development partners, civil society, and the private sector.

The next administration has a prime opportunity to use these combined assets in voice, reach, knowledge, and influence to catalyze the collective action necessary to reduce stunting globally, save lives, and advance global wellbeing in the next 10 years.

Retrospective Review of U.S. Government Efforts to Improve Global Nutrition, Including Stunting

For more than 50 years, the U.S. government has championed programs and policies that improve global nutrition. Since its inception, USAID has led the U.S. government's most significant work in this area.¹⁹

USAID began its efforts to improve nutrition through food aid programs: In 1966, USAID launched its first nutrition project in India. In 1969, the agency began investigating the impact of food fortification as part of its Food Technology for Development Program and supported some of the first large-scale food fortification efforts undertaken in Asia, Africa, and Latin America. USAID has driven other seminal research findings, which have translated to global impact. For instance, USAID-funded studies in Asia showed that Vitamin A deficiency in

¹⁹ USAID, "Improving Nutrition for Women and Young Children," August 2016, <http://www.usaid.gov/what-we-do/global-health/nutrition>.

children led to increased mortality.^{20,21} USAID translated these findings into multiple efforts to increase Vitamin A intake through capsules, fruits and vegetables, and fortification of food staples. USAID also conducted some of the earliest research linking chronic malnutrition to cognitive deficits.²²

A multisectoral path emerged in the 1970s when USAID included nutrition as a cornerstone of many of its health and development aid programs. By amending the Foreign Assistance Act, Congress provided that U.S. aid should emphasize “basic human needs,” including nutrition. Signed into law by President Richard Nixon in 1973, this set the stage for a decade of focus on food and nutrition, extending USAID’s existing efforts in agriculture and rural development.

The Department of Agriculture and USAID collaborated on the Consumption Effects of Agricultural Policies program over 15 years across four continents beginning in the mid-1970s. This work sought to better understand the effects of agricultural production on nutrition in different contexts, and introduced a multisectoral perspective into nutrition programming that led eventually to the Feed the Future Initiative that began in 2010. Moreover, USAID’s work across multiple technical areas demonstrated the importance of an approach involving the efforts of multiple sectors to achieve results for nutrition. Early USAID reports also made clear that food aid alone could not have the desired effect on malnutrition reduction.

During the early 2000s, USAID worked to integrate nutrition programming into HIV/AIDS prevention activities. The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) 2012 Blue Print for Creating an AIDS-Free Generation underlined the coincidence of under-nutrition and AIDS-affected households.^{23,24} PEPFAR has further integrated nutritional care and support with HIV care and treatment services under the Food by Prescription (FBP) approach, which works to improve the nutritional status of people living with HIV and improve survival. As part of the FBP approach, PEPFAR programs now incorporate nutrition assessment and counseling, feeding support, micronutrient supplementation, therapeutic food prescriptions, and support to access clean water.²⁵ Nutrition-related priorities for children affected by AIDS have, accordingly, become important components of USAID’s infectious disease prevention programs, and PEPFAR has become an important direct funding source for nutrition-specific interventions.

Over the last 15 years, the USAID-supported Food and Nutrition Technical Assistance (FANTA) Project, and other similar contractual arrangements, have provided technical

²⁰ Alfred Sommer et al., “Increased mortality in children with mild vitamin A deficiency,” *The Lancet* 322, no. 8350 (1983): 585–88.

²¹ Alfred Sommer et al., “Impact of vitamin A supplementation on childhood mortality: A randomised controlled community trial,” *The Lancet* 327, no. 8491 (1986): 1169–73.

²² Himelfarb, “50 Years of Global Health: Saving Lives and Building Futures.”

²³ U.S. Department of State, “PEPFAR Blueprint: Creating an AIDS-free Generation,” November 2012, <http://www.pepfar.gov/documents/organization/201386.pdf>.

²⁴ Alex De Waal and Alan Whiteside, “New variant famine: AIDS and food crisis in southern Africa,” *The Lancet* 362, no. 9391 (2003): 1234–37.

²⁵ PEPFAR, “Integration and Coordination: Nutrition and Food Security policy brief,” http://www.pepfar.gov/press/strategy_briefs/138410.htm.

support to the agency and its partners to design and implement programs that focus on food security and nutrition. These investments in research have made progress in understanding nutrition planning, impact of micronutrients, infant and child feeding, and design and implementation of the FBP approach described above. FANTA conducted a meta-analysis of the integration of family planning with food security and nutrition programming. The analysis found that nutrition was generally integrated with reproductive health services, but that there was an urgent need for better targeting of services to the 1,000-day window, harmonizing reporting requirements, and funding research to test and identify better models of integration.²⁶

Current U.S. Government Nutrition Activities

The U.S. government also has joint programs with other multilateral agencies, including the World Food Program (WFP) and the Food and Agriculture Organization (FAO), mainly for emergency food aid interventions during droughts and other humanitarian crises. Within the U.S. government itself, impact on global nutrition emerges as a direct or indirect output of programs across multiple agencies. While USAID carries out the most significant programmatic work on nutrition, this work is pursued in collaboration with the White House and multiple federal departments and agencies. (See section on U.S. government stakeholders below.)

Strategy

The USAID Multi-Sectoral Nutrition Strategy considers nutrition a foundational component of its work across global health and development. By taking a multisectoral approach to nutrition, the agency acknowledges the multiple causes and consequences of malnutrition, as well as the need to collaborate across government sectors. This strategy calls for serious USAID attention to nutrition in its sectoral activity addressing agriculture, water and sanitation, health, and food assistance.

Setting a longer time horizon than most strategy documents, USAID's Multi-Sectoral Nutrition Strategy put in place a 2014–2025 timeline over which it seeks to accomplish a set of discrete goals. Most importantly, the strategy seeks a decrease in chronic malnutrition, measured by stunting, by 20 percent (at least 2 million fewer stunted young children) in its 19 priority high-burden countries.

To achieve this overarching impact objective, USAID has set for itself a strategic objective to scale up effective and integrated nutrition-specific and nutrition-sensitive interventions, and established a set of intermediate results, presented in Table 1. Intermediate results include: 1) Increasing the equitable provision and utilization of high-quality nutrition services, 2) bolstering countries' capacity and commitment to nutrition, 3) strengthening multisectoral

²⁶ R. Borwankar and S. Amieva, "Desk review of programs integrating family planning with food security and nutrition," FANTA, 2015, http://www.fantaproject.org/sites/default/files/resources/FANTA-PRH-FamilyPlanning-Nutrition-May2015_0.pdf.

programs and coordination, and 4) increasing the United States' global nutrition leadership. Importantly, this strategy prioritizes high-impact actions across sectors.

USAID's plans for the 2025 time horizon are grounded in evidence-based programming that aligns with international goals for nutrition. Its programs for women and children focus on the critical 1,000-day window from pregnancy to a child's second birthday. Initiatives place special emphasis on maternal nutrition, optimal breastfeeding, dietary diversity, and hygiene.

Table 1: USAID Nutrition Strategy Results Framework

USAID NUTRITION STRATEGY RESULTS FRAMEWORK GOAL Improve nutrition to save lives, build resilience, increase economic productivity, and advance development			
STRATEGIC OBJECTIVE Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts			
INTERMEDIATE RESULT 1	INTERMEDIATE RESULT 2	INTERMEDIATE RESULT 3	INTERMEDIATE RESULT 4
Increased equitable provision and utilization of high-quality nutrition services	Increased country capacity and commitment to nutrition	Increased multisectoral programming and coordination for improved nutrition outcomes	Increased nutrition leadership
1.1 Increased timely delivery of critical services before and during humanitarian crises 1.2 Increased availability of and access to high-quality nutrition-specific services and commodities 1.3 Increased availability of and access to high-quality nutrition-sensitive services and commodities 1.4 Improved social and behavior change strategies and approaches for both nutrition-specific and nutrition-sensitive activities	2.1 Increased professional and institutional capacity 2.2 Increased political will and resources for nutrition programs 2.3 Increased stakeholder engagement around national nutrition goals 2.4 Improved systems to plan, manage, and evaluate nutrition programs	3.1 Increased joint planning across humanitarian and development sectors 3.2 Strengthened coordinated multisectoral programming and planning among nutrition stakeholders within the U.S. government and at the country level 3.3 Strengthened engagement with the private sector to improve nutrition	4.1 Improved global coordination among donors, international organizations, partner countries, and other stakeholders addressing nutrition 4.2 Strengthened and expanded nutrition evidence base 4.3 Increased generation of innovative practices and technologies 4.4 Increased application of evidence-based approaches and innovation, including use of technology

The Role of Missions in Strategy Uptake

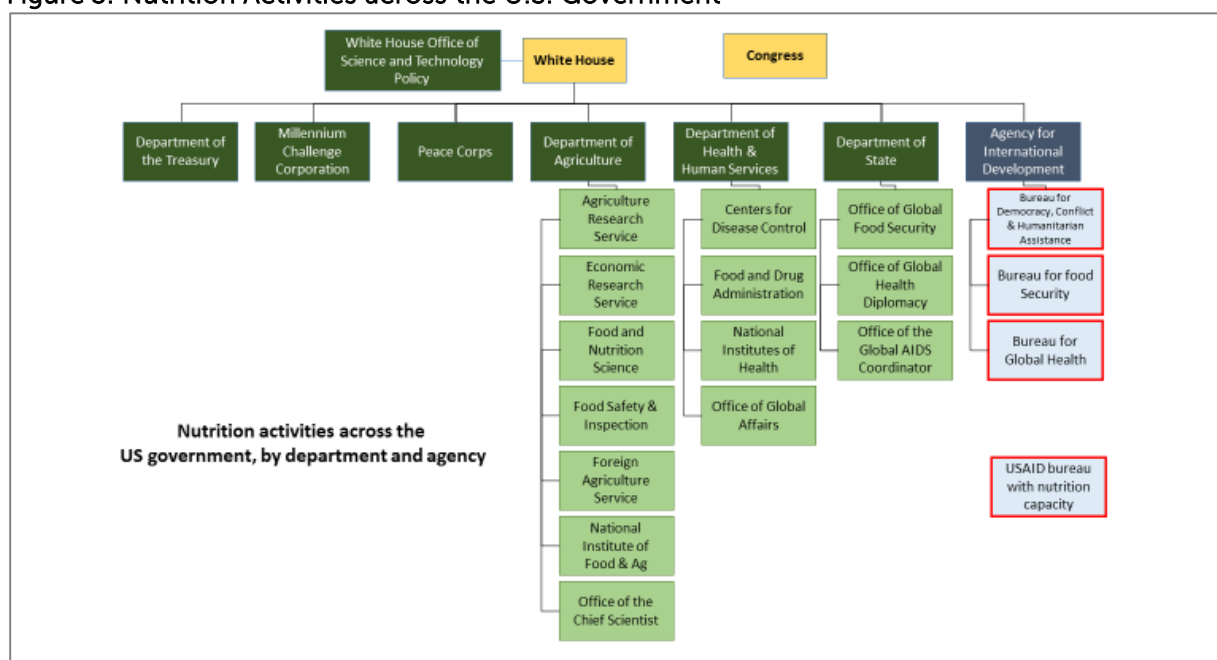
Having established these global targets, USAID's nutrition strategy is contingent on commensurate funding levels and relies for this on the plans and allocations of USAID missions. Missions are expected to coordinate program harmonization and donor-partner coordination, mobilize resources, and incorporate joint planning and monitoring into program design. The strategy acknowledges that the extent of country commitment to

nutrition and the success of joint planning and multisectoral coordination will be variable across missions, and that effectiveness will be highly dependent on prioritization of nutrition within the mission leadership and the availability of resources.

U.S. Government Stakeholders in Nutrition Activities

Currently, eight U.S. government agencies are involved in global nutrition activity, as summarized in Table 2 and Figure 3.²⁷ The majority of programs implemented across the U.S. government are classified as “nutrition-sensitive,” meaning interventions with indirect effects on stunting.

Figure 3: Nutrition Activities across the U.S. Government



Financing for Nutrition

The U.S. government is the world’s largest donor to international nutrition programs.²⁸ U.S. support for global nutrition efforts is described separately in the Kaiser Family Foundation brief, “U.S. Funding for International Nutrition Programs.”

²⁷ USAID et al., “U.S. Global Nutrition Coordination Plan 2016–2021,” June 2016, https://www.usaid.gov/sites/default/files/documents/1864/nutritionCoordinationPlan_web_508.pdf.

²⁸ Ibid.

Table 2: U.S. Government Funding for Nutrition Specific Programs, in USD Millions (as prepared by Kaiser Family Foundation)²⁹

	2010	2011	2012	2013	2014	2015	2016	2017 Request
Nutrition	\$213.3	\$196.9	\$190.6	\$217.2	\$203.4	\$219.4	\$229.4	\$242.5
<i>Global Health Programs (GHP)</i>	<i>\$70.5</i>	<i>\$89.8</i>	<i>\$95.0</i>	<i>\$95.1</i>	<i>\$115.0</i>	<i>\$115.0</i>	<i>\$125.0</i>	<i>\$108.5</i>
<i>Economic Support Fund (ESF)</i>	<i>\$26.6</i>	<i>\$3.0</i>	<i>\$2.0</i>	<i>\$2.3</i>	<i>\$23.7</i>	<i>\$21.2</i>	<i>\$21.2</i>	<i>\$36.5</i>
<i>Development Assistance (DA)</i>	<i>\$3.6</i>	—	—	—	—	<i>\$1.0</i>	<i>\$1.0</i>	<i>\$9.9</i>
<i>Food for Peace (FFP)</i>	<i>\$112.6</i>	<i>\$104.0</i>	<i>\$93.6</i>	<i>\$119.8</i>	<i>\$64.7</i>	<i>\$82.3</i>	<i>\$82.3</i>	<i>\$87.6</i>

Notes: Represents planned nutrition-specific funding. Additional nutrition-specific funding provided through other global health and development programs (e.g. PEPFAR and MCC) is not included due to limited availability of data. FY10-FY15 are final funding levels. FY13 includes the effects of sequestration. FY16 is a preliminary estimate (FY16 nutrition funding provided through the ESF and DA accounts is determined at the agency level and is not yet known for FY16; for comparison purposes, FY16 funding totals through these accounts are based on prior year levels). FY17 is the President's budget Request.

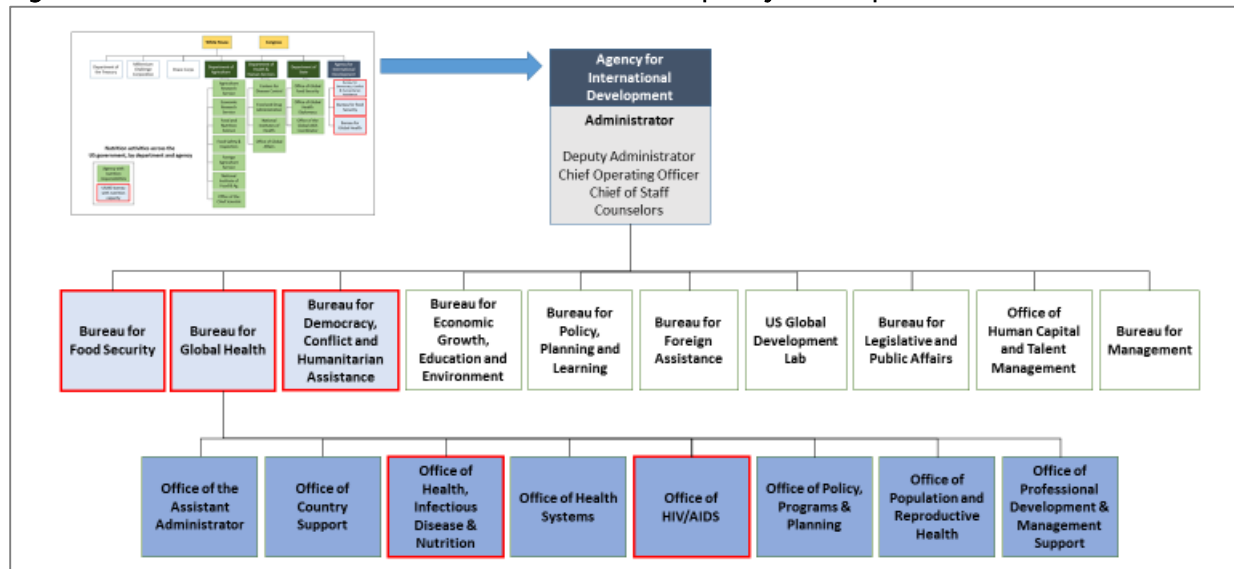
Source: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and the U.S. Foreign Assistance Dashboard (www.foreignassistance.gov; accessed April, 2016).

Organization of Nutrition within USAID

Nutrition capacity is embedded within several USAID bureaus. This structure supports USAID's goal of incorporating nutrition-specific and nutrition-sensitive interventions across the agency's work, but also clearly poses challenges with regards to coordination and accountability. To implement its multisector nutrition strategy, USAID relies on leadership from assistant administrators from the Bureaus for Food Security, Global Health, and Democracy, Conflict and Humanitarian Assistance (see Figure 4 regarding these bureaus and offices with nutrition capacity and expertise). The Multi-Sectoral Strategy designates the Nutrition Division within the Bureau for Global Health as the focal point for technical oversight. A USAID Nutrition Management Group represented by high-level technical staff from all relevant bureaus, including Global Health, Bureau for Food Security, and the Bureau for Democracy, Conflict and Humanitarian Assistance, meets regularly to jointly write policies and coordinate on issues related to nutrition strategy and project development.

²⁹ Kaiser Family Foundation, "U.S. Funding for International Nutrition Programs," April 2016, <http://kff.org/global-health-policy/issue-brief/u-s-funding-for-international-nutrition-programs/>.

Figure 4: USAID Bureaus and Offices with Nutrition Capacity and Expertise Are Outlined in Red



Major USAID Initiatives and Accounts Contributing to Reducing Stunting by 20 Percent by 2025

Feed the Future: At the 2009 G8 Summit of leaders in L'Aquila, Italy, President Barack Obama announced the Feed the Future Initiative with an initial commitment of \$3.5 billion over three years. USAID formally launched Feed the Future the following year to address the dual issues of global hunger and food insecurity. Improved nutrition for women and children has been an important component of Feed the Future's programs and results over the last five years.³⁰

Feed the Future is led by USAID, which provides overall leadership, coordination, implementation and assessment functions, and partners with 10 other departments and agencies: Departments of State, Agriculture, Treasury, and Commerce, the Millennium Challenge Corporation, Overseas Private Investment Corporation, Office of the U.S. Trade Representative, U.S. African Development Foundation, and Peace Corps. Feed the Future has had an annual budget of about \$1 billion since 2012.²⁷

In its recent progress reports, Feed the Future presents significant results with its activities contributing to stunting reductions of 14.4 percent in areas of Bangladesh from 2011–2014; 21 percent in areas of Cambodia from 2010–2014; 25 percent in areas of Kenya from 2008–2014; and 33 percent nationally in Ghana from 2008–2014. In terms of economic development impact, average incomes of Feed the Future beneficiaries in Honduras increased 55 percent between 2012 and 2014, helping nearly 27 percent of more than 135,000 beneficiaries rise out of extreme poverty.

³⁰ USAID, "Congressional Budget Justification," <https://www.usaid.gov/results-and-data/budget-spending/congressional-budget-justification>.

Feed the Future has facilitated a U.S. leadership role in nutrition and set a strong foundation—operationally and diplomatically—for work that continues to improve global nutrition.

It is important to note, however, that these results are based on Feed the Future data, and an independent evaluation of the entire initiative has not yet been conducted, which will be critical to validate the initial results. In 2013, the Government Accountability Office issued a report that acknowledged USAID’s progress in coordinating whole-of-U.S. government work with Feed the Future to improve food security, but called for better country-level analysis.³¹

External country-level independent mid-term evaluations of Feed the Future programs, particularly in Ethiopia,³² have found positive effects of the program on multisectoral coordination, improving capacity and training, and reducing stunting within zones of influence. All 19 Feed the Future countries are expected to have complete baseline, mid-line, and final end-line data, including nutrition outcomes, by the end of 2016.

Food for Peace (FFP) works with USAID missions by providing food assistance to address hunger and malnutrition in 20 priority countries. The Office of Food for Peace also offers resources and funding for food assistance programs during emergencies such as natural disasters or population displacement. Increasingly, FFP activities are integrated into broader food security initiatives, providing, for example, food supplementation for pregnant women and complementary food for young children in households also receiving income generation assistance.

³¹ U.S. Government Accountability Office, “Global Food Security: USAID Is Improving Coordination But Needs to Require Systematic Assessments of Country-Level Risks,” GAO-13-809, September 2013, <http://www.gao.gov/assets/660/657911.pdf>.

³² James Levinson et al., “Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE), Ethiopia—External mid-term performance evaluation report,” September 2014, <http://www.agri-learning-ethiopia.org/wp-content/uploads/2014/09/ENGINE-External-Mid-term-Evaluation-2014-final.pdf>.

Multisectoral Success at the country level: ENGINE and Feed the Future in Ethiopia

USAID reports that 44 percent of children in Ethiopia are chronically underweight and a corresponding 40 percent of children are stunted. Thirty percent of Ethiopians live in poverty, defined by the World Bank as living on <\$1.25 per day. Ethiopia has made rapid progress to reduce maternal and child mortality through expansion of basic health care services, and is now working to increase the quality of health care in remote regions, while managing governance challenges in the context of drought and civil unrest.^a Most of the population works to farm small portions of land to produce fruits, vegetables, and grains. Without widely accessible markets or adequate transportation infrastructure, these farmers are not able to trade or sell produce before it spoils. Most families consume meals made from a small set of traditional recipes that make use of the immediately available ingredients grown nearby. Lack of variety—both in the types of produce grown and the meals themselves—leads to under-nutrition. The effects of poverty and lack of dietary diversity, combined with poor sanitation, are thought to be the main drivers of stunting in Ethiopia.

Started in 2011, USAID's Empowering New Generations with Improved Nutrition and Economic Opportunity (ENGINE) initiative works as a part of Feed the Future across the agriculture, health, and education sectors to improve food security and nutrition, and empower mothers and reduce stunting in children. ENGINE targets food-insecure households with pregnant women and mothers of young children and offers them new, sustainable sources of food and complementary training. ENGINE provides these women with seeds to grow a diverse "homestead garden" and small livestock and poultry to increase income and consume a more diverse diet. ENGINE also targets women and children with micronutrient supplementation, education, and treatment of severe acute malnutrition.

A mid-term evaluation of ENGINE found that the project was having major impacts on scaling up nutrition services across sectors, incorporating nutrition education and training into programs, and improving multisectoral coordination. These findings are reflected in the results: Ethiopia recorded a 4.3 percent reduction in stunting nationally between 2011 and 2014, from 44.4 percent to 40.1 percent.

ENGINE's multisectoral approach works across multiple U.S. government programs to promote better, sustainable agriculture with an end goal of preventing under-nutrition and stunting. Effective education empowers women and links agriculture with nutrition to maximize the health impact of family farming activities. In a March 2015 USAID report on ENGINE and improved nutrition, the initiative's director notes that in Ethiopia, "nutrition was never discussed in agriculture trainings" before ENGINE. This report also records that 85 percent of the women trained through ENGINE go on to implement what they learned. ENGINE is a five-year project that ends in 2016.

^a Richard Downie, *Sustaining Improvements to Public Health in Ethiopia* (Washington, DC: CSIS, March 2016), https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/160226_Downie_SustainImprovementsEthiopia_Web.pdf.

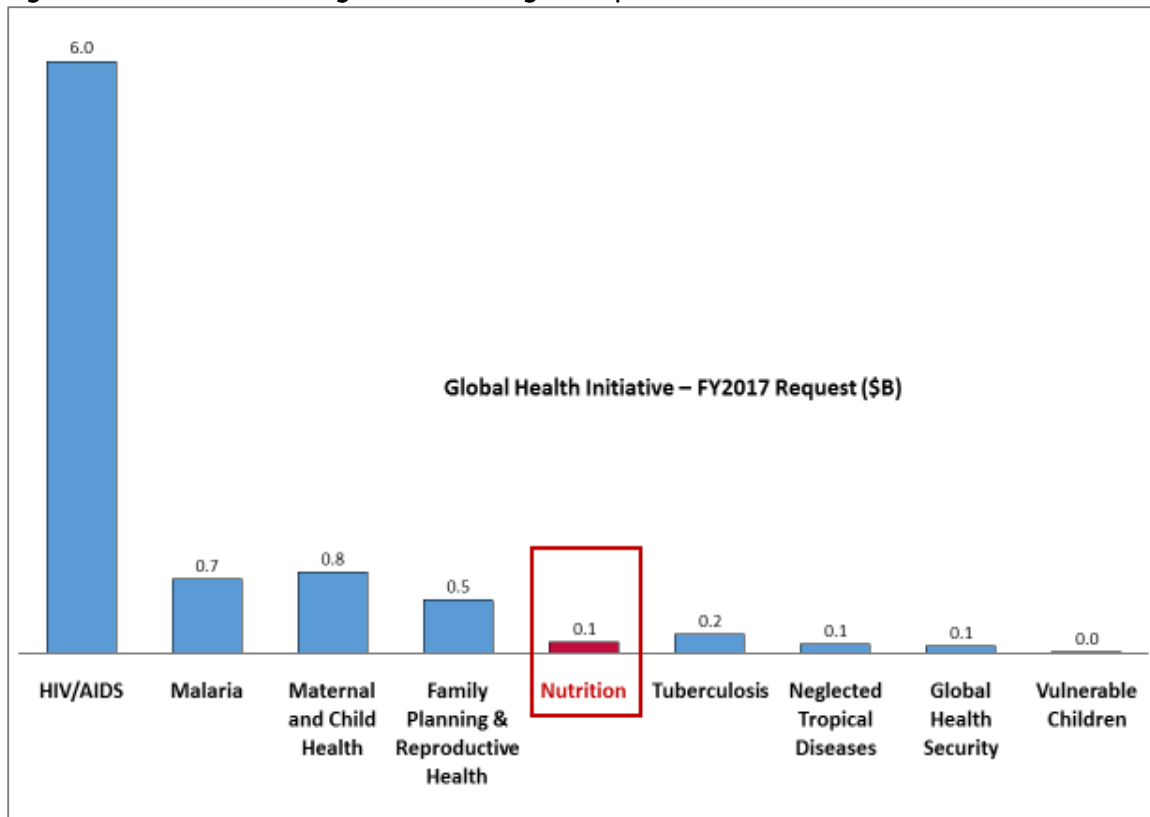
Critical Barriers Must Be Overcome in Order to Realize Full Impact of U.S. Government Potential

The U.S. government has made significant and ambitious commitments to reduce stunting, mainly through USAID's multisectoral nutrition strategy. However, there are several critical barriers, particularly around resourcing, organizational effectiveness, and programmatic limitations that need to be addressed in order for the strategy to be realized, and the stunting reduction targets achieved. These barriers are described below:

1. **Resourcing:** Nutrition financing still remains critically under-resourced.

The FY2017 \$108 million budget request for the nutrition sub-account through the Global Health Programs Account continues to be very small compared with other sectors such as HIV/AIDS (\$6 billion), Maternal and Child Health (\$814 million), and Family Planning (\$544 million), as shown in Figure 5.

Figure 5: U.S. FY2017 Congressional Budget Request



Additional nutrition-specific funds are pooled from other sources, including other initiatives, the State Department, Millennium Challenge Corporation, and the Treasury Department, but the total nutrition-specific spending from all sources across the U.S. government totaled only \$318 million in FY2014,³³ compared with the \$700 million³⁴ estimated to be needed to reduce the number of stunted children by 2 million in the 19 Feed the Future countries alone.³⁵

This under-prioritization of nutrition spending—in light of the high percentage of under-5 child deaths attributable to nutrition—suggests that the greater U.S. effort could reduce child mortality.

³³ International Food Policy Research Institute, "Global Nutrition Report 2015."

³⁴ Conservative estimate of \$350 average cost per stunting case averted, based on previous studies including World Bank et al., "Scaling Up Nutrition: A Framework for Action," September 2010, <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/PolicyBriefNutrition.pdf>.

³⁵ USAID, "Multi-Sectoral Nutrition Strategy 2014–2025."

The multisectoral nutrition strategy lays out a comprehensive and ambitious plan for reducing stunting by 20 percent by 2020, but does not guarantee funding levels beyond those already planned. For the stunting target to be achieved and the ambitious but critical activities in the strategy to be implemented, more resources are needed.

The next administration faces significant financing challenges for development aid overall, given the weak global economic outlook, low oil prices, and other competing priorities that include climate change, migration, and emerging infectious outbreaks such as Ebola and the Zika virus. In light of these acute and often urgent health needs, reprioritizing nutrition, a chronic and continuous noninfectious need, will be particularly challenging.

2. **Organizational structure and composition:** In addition to insufficient resourcing, the diffuse organizational structure of nutrition within USAID poses challenges for coordination. Currently, nutrition technical staff and leadership are spread across the three bureaus, reducing influence, coordination, accountability, and ultimately effectiveness. Leadership and influence have been particularly affected by the lack of a senior nutrition focal point since the departure of USAID Administrator Raj Shah in 2014, whose duties have not been replaced. The limited resources for nutrition overall have also significantly constrained the number of adequately qualified technical staff, particularly within missions, that are needed to carry out essential nutrition-related programmatic and coordination activities.
3. **Coordination among sectors and improved targeting of interventions:** Limited resources and diffuse organizational structure have posed challenges for coordination and prioritization of essential evidence-based interventions to reduce stunting. As described earlier, coordination between nutrition-specific (health) and nutrition-sensitive (WASH, agriculture, education, social protection) sectors is critical for maximum impact on stunting. Effective coordination requires strong leadership, empowered by authority at the right level, and also armed with adequate resources. Efforts to coordinate across sectors are improving with the formation of a USAID Nutrition Management Group represented by high-level technical staff from the Bureaus for Global Health, Food Security, and Democracy, Conflict and Humanitarian Assistance, which meets regularly to improve coordination and joint planning on issues concerning nutrition. However, a new nutrition focal point is still necessary at USAID headquarters, dedicated nutrition technical expertise is required at regional missions, and country missions need to be adequately resourced or incentivized to include nutrition objectives in their sectoral programs and to utilize results-based budgeting wherever possible.

In addition to coordination and capacity limitations, current U.S. government nutrition investments are not yet well directed toward the interventions needed to reduce stunting. In 2013, the U.S. government disbursed \$334 million in nutrition-specific aid and \$1.82 billion in aid that was potentially nutrition-sensitive.³⁶ For the United States

³⁶ International Food Policy Research Institute, "Global Nutrition Report 2015."

to achieve its stated stunting-reduction goals, significant additional resources need to be targeted to nutrition-specific interventions, along with increased efforts to ensure that programs in agriculture, education, social protection, and WASH (water, sanitation and hygiene) are also addressing and meeting nutrition objectives.

4. **Data, monitoring, and accountability:** Ultimately, successfully achieving stunting reduction goals rests on routine and accurate monitoring of expenditures and outcomes, and making use of these data to drive improvement in nutrition programming and accountability. Currently, data availability is weak, particularly around nutrition financing. In FY2010, nutrition was designated as a separate line item within the Global Health Program account, which has improved nutrition expenditure tracking, but this line item does not effectively capture nutrition-specific and nutrition-sensitive funding from other programs and accounts.

Additionally, multiple strategies targeting women and children acknowledge the role of nutrition in meeting their outcomes, but these same strategies do not include any nutrition indicators within their monitoring and evaluating frameworks. Other strategies and programs incorporate some nutrition indicators, but these are not always aligned. Harmonizing indicators would have the benefit of unifying all relevant nutrition-related strategies around common goals.

Options for the Next Administration

The next administration has an opportunity to build upon and accelerate recent advances in stunting reduction. The U.S. government has a long history of catalyzing innovative breakthroughs in nutrition research, delivery, and impact, but matching and exceeding those early successes today will require 1) building upon what we know works, 2) ensuring that the U.S. government is equipped to deliver on its stunting reduction target and other strategic goals, and 3) driving impact through increased research and a relentless focus on fostering greater multisectoral cooperation.

Build upon What We Know Works

- **Enable the multisectoral nutrition strategy:** The multisectoral nutrition strategy provides a clear and effective blueprint for maximizing U.S. government impact on nutrition outcomes. By incorporating the best evidence to date, and providing a long-term time horizon aligned with the SDGs, the strategy offers a strong and cohesive vision for achieving the United States' stated stunting reduction goals. Full implementation of the strategy, however, is currently limited by a reliance on existing funds for implementation (which are currently insufficient). Country and regional missions will ultimately determine the success of the strategy, and will need to be supported in efforts to deliberately integrate the strategy's priorities into their own programming cycles, and incorporate nutrition objectives into their broader programming.

Equip USAID to Deliver on Stunting Target and Strategic Goals

- **Coordination: Leverage USAID and the White House to coordinate nutrition strategy and implementation across the government.** A better organizational structure and augmented capacity also need a higher level of coordination across the eight agencies involved in global nutrition activities. A focal point for nutrition at a high level—in the White House or within the USAID’s administrator office—can create top-down accountability and coordination of activities. This level of leadership can leverage USAID’s competitive advantage—its vast reach and institutional knowledge of what works—to streamline programs across the U.S. government, and, in turn, help to meet the goals established in the USAID Multi-Sectoral Nutrition Strategy.
- **Organization: Elevate nutrition and create a distinct Office of Nutrition within USAID.** Nutrition is a multisectoral issue that requires a multisectoral approach. However, achieving global nutrition targets becomes complicated when nutrition becomes one of many priorities across multiple programs within an array of organizations. High-level leadership and accountability are critical, which could be significantly improved by creating nutrition focal points in each of the USAID regional missions and bureaus.

In addition, USAID could provide distinct leadership by elevating nutrition to its own distinct office, within either the Bureaus for Global Health (where the majority of nutrition expertise currently sits), Bureau for Food Security, or the Bureau for Democracy, Conflict and Humanitarian Assistance, and with nutrition staff assigned to other bureaus and coordinated through a cross-bureau management team. It is important to keep in mind that an office alone will not be the sole solution to improving multisectoral coordination for nutrition, but could be an enabling factor. For instance, while the creation of an office has worked well for PEPFAR in implementing a more whole-of-government approach to integrating and coordinating across multiple bureaus and agencies to tackle HIV/AIDS, other office structures have been less successful in achieving cross-cutting goals and have remained siloed.

A better organizational structure for nutrition within USAID would enable the agency to assume strong leadership and ensure both coherent planning and implementation of all U.S. government nutrition activities.

- **Capacity: Increase the number of skilled nutrition personnel** and unify their efforts through the USAID Office of Nutrition. As efforts are made to improve nutrition across a range of sectoral efforts, greater capacity is needed to deliver results and learn rapidly. Currently, USAID regional bureaus do not employ nutrition specialists of the caliber required for this work. With such personnel, programs across the U.S. government can align and pursue their nutrition priorities in a genuinely integrated and coordinated fashion, taking full advantage of both economies of scale and of the synergetic effects on nutrition when multiple nutrition-specific and nutrition-sensitive interventions reach the same vulnerable areas and households. Efficiency also

depends upon the ability to monitor and quickly analyze results (at local as well as national levels) and to modify programs as necessary to achieve optimal nutrition results.

Drive Impact and Innovate

In addition to increasing resources and commitment to nutrition outcomes, driving impact will also require a focus on investments in research, incentivizing missions to better incorporate nutrition objectives into all relevant program planning, and also fostering greater multisectoral corporation, not only within the U.S. government, but also with country governments and donor partners.

Conclusion

Meeting the goal to reduce stunting by 20 percent by 2020 will be very difficult, but it is doable. There is now a rich body of evidence outlining the key package of interventions that will have to be scaled up to reduce stunting, and USAID's multisectoral strategy provides a roadmap for achieving this scale-up. The strategy, however, is not enough to achieve the ambitious and worthy goals as outlined; bending the stunting curve sufficiently downward will require not only an acknowledgment by the next administration that stunting represents an unacceptable loss of human capital, but also a commitment of sufficient resources to end stunting and preventable malnutrition.

The U.S. government already has the necessary reach and influence, and with augmented resources and better multisectoral coordination could do much more to rapidly reduce stunting. Success stories such as Feed the Future provide powerful examples that well-designed programs combining multisectoral knowledge and reach can make a rapid difference.

The speed of international development over the next 10 years is dependent on the nutritional status of the next generation of children. The 160 million stunted children globally are evidence that the world has under-prioritized nutrition, and there is now an urgent need to protect the next generation of children from the costly effects of stunting. The war against stunting is winnable, and it is a war worth winning.

Annex 1. Interviewees

Interviewees	
Anne Peniston	USAID Division Nutrition Chief
Mary Harvey	Public Health Officer, USAID Ethiopia
Mellen Tanamly	Global Health and Nutrition Consultant
Hope Sukin	Health Team Leader at USAID
Jim Levinson	Research Professor, Tufts University
Alan Berg	Retired–Senior Nutrition Officer at the World Bank
Ellen Piwoz	Bill & Melinda Gates Foundation
Nora Coghlan	Bill & Melinda Gates Foundation
Asma Lateef	Director, Bread for the World Institute

Annex 2. U.S. Government Activities in Global Nutrition, by Agency

U.S. GOVERNMENT ACTIVITIES IN GLOBAL NUTRITION	
Below is a list of government agencies with nutrition activities set to contribute as the Inter-Agency Working Group of the U.S. Government Global Nutrition Coordination Plan. This plan was announced in 2013 and began drafting in 2014, but is not yet publicly available.	
Department of the Treasury	Global Agriculture and Food Security Program: A multilateral donor trust fund that matches funding from other donor countries to support the economic development of local farming in 39 countries. The goal of this fund is to increase agricultural productivity through financial tools such as loans, with nutrition and food security as secondary results. From 2009–2015, the program received \$1.38 billion in financing from public sector and private sector donors. This program is operated jointly with the Department of State .
Millennium Challenge Corporation	MCC has the goal of reducing poverty in developing countries. Nutrition is a mainstay of MCC's compact with Indonesia, through its Community-Based Health and Nutrition to Reduce Stunting Project . The initiative targets 7,000 villages with higher rates of stunting and low birth weight that are higher than Indonesia's national average. With \$131.5 million in MCC funding from 2013–2018, the project has three components: Community project: Block grants to villages to develop health services and education. Supply side: Training for health providers, support for sanitation programs, private-sector engagement on child health awareness. Communications campaign: Increase public awareness of nutrition and stunting, with focus on pregnant women and the issues of breastfeeding, micronutrient supplementation, and sanitation.
Peace Corps	Peace Corps volunteers pursue work to improve agriculture practices and food security, both of which implicate nutrition education.
Department of Agriculture	Feed the Future Initiative The Department of Agriculture also pursues agricultural-related research with a focus on nutrition through food security. It provides technical expertise in assessing global food security issues.
Department of Health and Human Services	The Centers for Disease Control and Prevention provides analysis and technical assistance in developing countries. CDC contributes assessments to the International Micronutrient Malnutrition Prevention and Control Program. Research funded through the National Institutes of Health investigates stunting in global settings and provides insight valuable to improving interventions.
Department of State	Nutrition is included in the portfolios of work in the Office of Global Food Security and the Office of the Global AIDS Coordinator and Health Diplomacy.

Annex 3. Comparison of Indicators Used across U.S. Government Nutrition-related Policies and Programs

INDICATORS USED ACROSS U.S. GOVERNMENT NUTRITION POLICIES AND PROGRAMS	
The strategies that the USAID Multi-Sectoral Strategy lists in Annex 3 correspond to multiple different nutrition indicators.	
Feed the Future Initiative ¹	• Prevalence of stunted children under five years of age. • Prevalence of wasted children under 5 years of age. • Prevalence of underweight women. • Prevalence of underweight children under 5 years of age. • Prevalence of Poverty: Percent of people living on less than \$1.25/day. • Percent change in agriculture GDP. • Per capita expenditure (as a proxy for income) of U.S. government-targeted beneficiaries. • Women's Empowerment in Agriculture Index.
Ending Preventable Maternal and Child Deaths ²	• Antenatal care, at least four visits. • Facility delivery. • Facility delivery in bottom two wealth quintiles. • C-section women in bottom two wealth quintiles.
Creating an AIDS-Free Generation (PEPFAR – 2012) ³	• Proportion of clinically undernourished people living with HIV who received therapeutic or supplementary food. • Percent of people living with HIV in care and treatment who were nutritionally assessed. • Percent of children under 5 years who are undernourished.
USAID Resilience to Recurrent Crisis Policy and Programing Guidance (2012) ⁴	• Rates of moderate to severe hunger. • Levels of global acute malnutrition.
USAID Water and Development Strategy (2013–2018) ⁵	• Number of people gaining access to an improved drinking water source. • Number of people receiving improved service quality from existing improved drinking water sources. • Number of people gaining access to an improved sanitation facility. • Percent of households in target areas practicing correct use of recommended household water treatment technologies.
USAID Education Strategy 2011–2015 ⁶	• Proportion of students who, by the end of two grades of primary schooling, demonstrate that they can read and understand the meaning of grade level text.

¹ Suzanne Nelson and Anne Swindale, "Agricultural Indicators Guide," Feed the Future, September 2013, http://pdf.usaid.gov/pdf_docs/PA00JKZT.pdf.

² USAID, "Ending Preventable Maternal Mortality," January 2015, https://www.usaid.gov/sites/default/files/documents/1864/MH%20Strategy_web_red.pdf.

³ PEPFAR, "PEPFAR: Monitoring, Evaluation, and Reporting Indicator Reference Guide," March 2015, <http://www.pepfar.gov/documents/organization/240108.pdf>.

⁴ USAID, "Resilience at USAID," June 2015, <https://scms.usaid.gov/sites/default/files/documents/1867/06.30.2015%20-%20Resilience%20Fact%20Sheet.pdf>.

⁵ USAID, "Water and Development Strategy: Implementation Field Guide," March 2014, https://www.usaid.gov/sites/default/files/documents/1865/Strategy_Implementation_Guide_web.pdf.

⁶ USAID, "2011 USAID Education Strategy: Implementation Guidance," April 2012, http://pdf.usaid.gov/pdf_docs/Pdact461.pdf.

	• Proportion of students who, by the end of the primary cycle, are able to read and demonstrate understanding as defined by a country curriculum, standards, or agreed-upon by national experts. • Percentage change in proportion of tertiary and workforce development programs producing workforce with relevant skills that support country development goals. • Number of learners enrolled in primary schools and/or equivalent nonschool based settings. • Number of learners enrolled in secondary schools and/or equivalent nonschool based settings.
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