GLOBAL MALNUTRITION PREVENTION AND TREATMENT ACT

ANNUAL REPORT TO CONGRESS 2024

USAID
FROM THE AMERICAN PEOPLE

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This report is submitted pursuant to the Global Malnutrition Prevention and Treatment Act of 2021 (P.L. 117-214), as well as section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024 (P.L. 118-47, Division F), House Report 118-146, and Senate Report 118-71.

POWERING POLICY INTO PROGRESS

Nutrition serves as a foundation for development and prosperity. It contributes to eradicating poverty, fostering economic growth, empowering women, and improving the health of individuals and communities. Over the past year, the United States Agency for International Development (USAID) has made impactful strides in supporting nutrition globally through strategic initiatives and collaborative efforts guided by the Global Malnutrition Prevention and Treatment Act (GMPTA). In 2023, these programs reached more than 39 million children and women globally with critical – often lifesaving – nutrition interventions.

In fiscal year (FY) 2023, USAID supported nutrition programs in over 30 countries, including in 18 USAID Nutrition Priority Countries (NPCs) and Nutrition Strategic Support Countries (NSSCs). While USAID focuses most of its nonemergency multisectoral nutrition investments on NPCs, it also supports nutrition programming in NSSCs based on policy and technical considerations. This GMPTA annual report details the activities, results, and successes achieved through USAID's nutrition programs in NPCs, NSSCs, and additional partner countries with nutrition-related programming in FY 2023.

Looking beyond 2023, in 2024 USAID onboarded a new Chief Nutritionist, underwent a process to revise its nutrition indicators, and restarted its Martin J. Forman Nutrition Fellowship (following a hiatus during the COVID-19 pandemic). Through this fellowship, which supports and enhances professional development for USAID's foreign service national workforce through temporary rotational assignments, USAID/Washington welcomed three fellows from Kenya, Haiti, and Mozambique. In 2025, there will be pivotal moments for global nutrition, including the 2025 Nutrition for Growth Summit, the revision of USAID's Multi-Sectoral Nutrition Strategy,[1] and the review of the United Nations (U.N.) Decade of Action on Nutrition. These opportunities offer key windows for USAID's technical expertise and leadership to shape global priorities and investments in support of nutrition and GMPTA goals.

[1] USAID's Multi-Sectoral Nutrition Strategy can be found at https://www.usaid.gov/nutrition-strategy.

In 2023, USAID nutrition programs reached more than

39 MILLION

CHILDREN AND WOMEN

with critical – often lifesaving – interventions.

The Landmark Global Malnutrition Prevention and Treatment Act

The Global Malnutrition Prevention and Treatment Act, signed by President Biden in October 2022, cements the United States' commitment to combating malnutrition globally through evidence-based interventions. Building on over 50 years of leadership in global nutrition, the GMPTA charges USAID with leading U.S. government nutrition programming to address global malnutrition.

The four focus areas defined by the GMPTA outline priority interventions that are proven to prevent and treat malnutrition across varying contexts. Through targeted strategies that advance these four focus areas, the GMPTA guides USAID programming to reduce malnutrition, improve health outcomes, promote economic advancement, and enhance human development across nations.

GMPTA FOCUS AREAS:

1. Strengthen nutrition in primary health-care systems:
    - Support lactating mothers and their families with skilled breastfeeding counseling.
    - Improve access to prenatal micronutrient supplements for pregnant women.
    - Scale up the prevention and treatment of wasting.
    - Ensure adequate coverage of vitamin A interventions.
2. Increase dietary diversity and appropriate complementary feeding.
3. Scale up and sustain large-scale food fortification.
4. Improve food safety.

IN 2023, USAID REACHED MORE THAN:

28 MILLION CHILDREN
with nutrition programs.

11 MILLION PREGNANT WOMEN
with nutrition counseling and programs.

6 MILLION INFANTS AND YOUNG CHILDREN
through nutrition education, resources, and programs provided to families and caregivers.

256,000 PEOPLE
with professional nutrition training and skills development.

NOURISHING GROWTH

Investing in good nutrition for children early in life helps lock in their potential and supports healthy, prosperous communities. In FY 2023, USAID reached over 28 million children under the age of five with nutrition interventions. These interventions range from community-based nutrition counseling and micronutrient supplementation to prevention and treatment of severe acute malnutrition (SAM), which can be life-threatening without intervention. USAID supported nutrition and care for six million infants and young children (under age two) through community-based interventions that delivered nutrition-focused education, resources, and support to their families and caregivers.

USAID further reached 11 million pregnant women with nutrition interventions, including micronutrient supplementation and counseling on maternal and child nutrition. Supporting the health workforce for nutrition, USAID reached over 256,000 individuals with professional nutrition training and skills development to deliver nutrition-related interventions — providing more professional nutrition training in 2023 than in any of the previous five years.

Table 1 presents targets and the estimated number of people reached with nutrition interventions in FY 2023.[2] Country missions with nutrition programming set annual targets for interventions and report on progress against these targets. USAID's annual Performance Plan and Report[3] (PPR) uses standardized indicators to report on programming across the Agency. The PPR indicators included in this GMPTA report are:

- Number of children under age five reached with nutrition-specific interventions through U.S. government-supported nutrition activities (designated as HL.9-1).
- Number of children under age two reached with community-level nutrition interventions through U.S. government-supported programs (designated as HL.9-2).
- Number of pregnant women reached with nutrition-specific interventions through U.S. government-supported programs (designated as HL.9-3).
- Number of individuals receiving nutrition-related professional training through U.S. government-supported programs (designated as HL.9-4).

In FY 2023, USAID revised its current PPR nutrition indicators to better reflect and measure USAID's contributions to high-impact nutrition interventions. Going forward, these indicators will capture USAID's contributions to key priorities, including prenatal micronutrient supplementation for pregnant women and individual breastfeeding counseling, and will continue to measure progress on indicators like vitamin A supplementation and treatment for wasting.

The revised indicators will be incorporated into USAID's PPR for FY 2024. Initial results on the new indicators will be reflected in next year's annual report, though robust reporting on revised indicators typically requires several reporting cycles while USAID provides technical assistance to implementing partners to ensure accurate reporting.

[2] Table 1 includes only PPR data from USAID development programming, and does not include nutrition interventions carried out with humanitarian funding.

[3] The PPR is an annual data call for performance information, managed by the Department of State's Office of Foreign Assistance. All Operating Units that implement foreign-assistance programs are required to report annually through the PPR.

TABLE 1. USAID Programs Expand Access to Nutrition Interventions[4]

Targets and estimated number of people reached in FY 2023 for USAID PPR indicators

	CHILDREN UNDER FIVE REACHED		CHILDREN UNDER TWO REACHED		PREGNANT WOMEN REACHED		INDIVIDUALS TRAINED	
COUNTRY	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
BANGLADESH*	274,242	304,985	0	6,137	398,701	418,977	7,890	8,433
BURKINA FASO*	954,638	1,375,578	35,040	75,605	5,828	467,389	18	2,240
BURMA	900	2,814	–	NR	–	NR	22,045	136,649
BURUNDI	988,418	1,197,515	246,465	320,452	552,417	314,524	–	NR
CAMBODIA	40,369	37,489	2,638	4,427	3,107	2,801	342	417
DRC*	3,877,548	4,545,539	1,061,111	1,801,182	1,763,238	1,900,863	216	2,100
EGYPT	–	NR	–	NR	–	NR	2,500	2,780
ETHIOPIA*[5]	4,286,975	615,978	2,106,085	221,587	963,477	95,346	22,203	589
GHANA*	110,233	173,447	106,952	155,206	72,914	64,025	1,625	3,464
GUATEMALA*	112,815	117,875	17,224	7,192	13,966	16,885	700	1,204
HAITI*	300,000	365,501	200,000	246,983	230,000	106,687	32,000**	359
HONDURAS	5,569	7,543	–	NR	–	NR	233	729
INDIA	–	NR	–	NR	–	NR	3,000	3,000
INDONESIA	–	NR	1,797	1,554	–	NR	–	NR
JORDAN	9,800	61,643	9,800	11,040	1,500	1,640	222	422
KENYA	955,113	972,810	287,039	341,624	272,451	235,474	632	1,612
KYRGYZ REPUBLIC	8,800	9,138	7,300	6,600	6,300	7,258	350	920
MADAGASCAR	1,051,473	818,395	321,627	319,561	546,335	431,737	196	1,993
MALAWI*	736,323	869,876	193,328	135,365	275,970	218,759	152,838**	38,298
MALI*	2,600,000	2,664,031	680,906	593,756	516,355	522,943	3,500	23,520
MOZAMBIQUE*	933,903	1,497,901	169,306	151,722	420,554	512,799	8,251	5,857
NEPAL*	199,438	1,178,705	84,633	79,851	73,214	217,478	1,522	2,037
NIGER*	768,496	1,049,627	302,933	426,613	265,533	498,200	3,639	5,162
NIGERIA*	3,452,873	3,794,204	25,500	59,410	1,710,000	2,530,864	4,200	5,609
RWANDA	597,837	498,047	236,516	198,330	60,447	116,851	2,350	2,275
SENEGAL*	1,962,254	1,239,151	281,088	354,898	180,238	190,800	0	0
SOUTH SUDAN	5,000	3,651	–	NR	–	NR	–	NR
TAJIKISTAN*	245,000	261,176	130,000	125,326	72,000	69,506	2,900	3,161
TANZANIA*	1,169,852	1,229,317	44,501	17,155	0	638,164	0	0
UGANDA*	1,266,188	1,034,453	232,733	117,580	737,284	1,102,450	897	626
ZAMBIA*	130,000	972,726	129,000	92,761	25,640	311,573	5,000**	471
ZIMBABWE	81,324	41,744	43,268	39,062	30,613	29,562	690	919

*Denotes Nutrition Priority Country or Nutrition Strategic Support Country.

**Target was entered incorrectly into the PPR and will be corrected in the upcoming reporting period.

Note: NR stands for "Not reported by the country Mission."

[4] Although performance-indicator targets must be set as specific values, a target range — a range of values above and below the specified target — is equally acceptable. However, if an indicator value falls outside the acceptable range (i.e., 10 percent above or below the target for PPR indicators), countries must explain why the result fell outside the target range. Reasons for results deviating beyond an acceptable target range may include shifts in the operating context or internal shifts in funding or priorities that required a rescoping of the project design.

[5] The Ethiopia Mission's flagship nutrition project, delivering community-based nutrition programs, faced startup delays and did not begin operations as anticipated in FY 2023. This led to a significant shortfall in achieving country nutrition targets, which were set based on assumptions about when the project would begin operations.

USAID also reports on specific program interventions, as shown in Table 2: Vitamin A supplementation, treatment for SAM, and iron and folic acid (IFA) supplementation. Currently, USAID Missions are strongly encouraged, but not required, to report on these indicators. The data in Table 2, therefore, may underestimate the true number of children reached.

In FY 2023, USAID treated approximately 2.1 million children across more than 35 countries for SAM. The majority of the children treated for SAM were reached with Bureau for Humanitarian Assistance (BHA) funding, which was used to purchase 24,105 metric tons of ready-to-use therapeutic food (RUTF), covering treatment for approximately 1.7 million children globally. A total of 14.6 million children under five received vitamin A supplementation, and 4.9 million pregnant women received IFA supplementation, through USAID-supported programs.

TABLE 2. Nutrition Interventions Respond to Diverse Needs Across Country Programs

Estimated reach for specific nutrition interventions delivered in FY 2023

COUNTRY	VITAMIN A SUPPLEMENTATION	SEVERE ACUTE MALNUTRITION TREATMENT[6]	IRON AND FOLIC ACID SUPPLEMENTATION
BANGLADESH*	37,601	1,080	265,621
BURKINA FASO*	699,056	10,074	0
BURMA	0	1,908	NR
BURUNDI	NR	13,000	NR
DRC*	1,328,175	109,772	NR
ETHIOPIA*	496,568	290,575	50,572
GHANA*	21,528	NR	NR
HAITI*	NR	30,384	106,687
HONDURAS	5,847	0	NR
KENYA	972,810	52,560	234,775
MADAGASCAR	738,394	334	368,891
MALAWI*	193,192	12,091	21,660
MALI*	2,664,031	141,005	522,943
MOZAMBIQUE*	1,396,988	5,040	492,082
NEPAL*	954,501	3,642	162,893
NIGERIA*	3,143,818	194,430	2,315,365
SENEGAL*	820,678	13,141	190,800
SOUTH SUDAN	NR	103,608	NR
TAJIKISTAN*	261,176	0	0
UGANDA*	877,785	25,118	211,529

*Denotes Nutrition Priority Country or Nutrition Strategic Support Country.

Note: NR stands for "Not reported by the country Mission."

[6] Standard PPR nutrition indicators are required only for nonemergency nutrition activities. Because the vast majority of USAID's support for SAM treatment is delivered through emergency programs, for the purposes of this report, these figures are pulled separately from USAID's BHA rather than through the PPR process. Only countries that reported on SAM through USAID's PPR are included in this table.

NOURISHING AND NURTURING

Community-Based Health Centers in Ghana Improve Maternal Nutrition

When the glint of morning appears, Gloria* assembles her *wasawasa* stand in what is soon to be a bustling market near her community in Tamale, Ghana. Here she prepares to sell pounded yam, a popular staple dish in Ghanaian cuisine. Gloria, the wife of a driver, balances her small business with caring for her boys, ages three and seven.

Not long ago, Gloria missed her monthly cycle. She confirmed her third pregnancy during a visit to her local community-based health and planning services (CHPS) center. CHPS and health centers are the backbone of Ghana's primary health-care program, with each CHPS center serving about 5,000 people. USAID programs provide targeted support to primary health-care facilities across northern Ghana. This includes training to improve the skills of nurses and midwives to deliver respectful and comprehensive antenatal and postnatal care.

At her CHPS center, Gloria said she received respectful care and undivided attention that made her feel seen during her pregnancy. "At the hospital, there's lots of people and lots of clients. I did not get attention," Gloria said. "Here [at the CHPS center], the nurse is always with me."

During the visit, a nurse diagnosed Gloria with anemia and an infection. The nurses counseled her on the importance of a diverse diet, preventing infections, and taking iron-containing supplements to address her anemia. Gloria's next visit revealed that after she had followed these instructions, her health was improving and her anemia was decreasing. She felt empowered by the nurses' advice.

Gloria's story highlights USAID's commitment to strengthening nutrition in primary health-care systems. USAID provides counseling on proper maternal nutrition, habits that prevent and treat infections, and using micronutrient supplements when appropriate. The care and counsel Gloria received at the CHPS center provided her with the proper maternal nutrition needed to fuel a healthy pregnancy and prepare for safe childbirth.

*Name has been changed to protect patient-provider confidentiality.

"I now eat beans and green leafy vegetables to boost my [iron] levels. You know everything depends on food!

– GLORIA

SOWING RESOURCES FOR EFFECTIVE PROGRAMS

With the generous support of Congress and the American people, in FY 2023 U.S. government investments in multisectoral nutrition fueled programs in over 30 countries that addressed all four GMPTA focus areas, contributing to reduced mortality, healthier families, and stronger communities.

TABLE 3. Nutrition-Specific Investments Across USAID Programming, FY 2023

BUDGET CATEGORY	FY 2023 GLOBAL BUDGET
GLOBAL HEALTH PROGRAMS – NUTRITION	$160,000,000
BUREAU FOR HUMANITARIAN ASSISTANCE NUTRITION ALLOCATIONS	$866,871,481

Note: Table 3 represents the major funding sources designated for nutrition-specific programming in FY 2023. These funding sources do not include all USAID funding that contributes to nutrition outcomes.

TABLE 4. USAID Global Health Program (GHP) Nutrition Funding, FY 2023

COUNTRY OR PROGRAM	FY 2023 GHP NUTRITION (in millions of $)
BANGLADESH*	$9.25
BURKINA FASO*	$5.5
CAMBODIA	$1.0
DRC*	$8.0
ETHIOPIA*	$13.0
GHANA*	$5.5
GUATEMALA*	$4.5
HAITI*	$3.0
KENYA	$4.0
LAOS	$2.0
MADAGASCAR	$5.0
MALAWI*	$8.0
MALI*	$8.5
MOZAMBIQUE*	$8.5
NEPAL*	$8.0
NIGER*	$6.0
NIGERIA*	$7.0
RWANDA	$4.0
SAHEL REGIONAL OFFICE	$1.5
SENEGAL*	$8.5
TAJIKISTAN*	$2.25
TANZANIA*	$8.0
TIMOR-LESTE	$1.0
UGANDA*	$8.5
ZAMBIA*	$3.0
GLOBAL PROGRAMS	$13.5
IODINE DEFICIENCY DISORDER EARMARK	$3.0
TOTAL	$160

*Denotes Nutrition Priority Country or Nutrition Strategic Support Country.

Note: As indicated in the table above, over three quarters of the GHP nutrition budget goes directly to support programming in USAID NPCs. USAID Missions program nutrition funding using an integrated approach that does not track funding by intervention.

In addition to nutrition-specific funding, in FY 2023 the global agriculture budget totaled $1.01 billion, of which approximately $67 million[7] is being attributed to nutrition-sensitive agriculture.

[7] This attribution is subject to change as not all FY 2023 annual country plans have been approved as of the writing of this report. This number varies greatly annually based on reporting from Missions and relies on Mission attributions.

STRENGTHENING LOCAL CAPACITY
to Assess Food Fortification in Senegal

Dr. Mane Hélène Faye, an assistant professor at the Laboratoire de Recherche en Nutrition et Alimentation Humaine (LARNAH) at Université Cheikh Anta Diop in Dakar, shared the most up-to-date findings on the fortification status of staple foods in Senegal with the global nutrition community at NUTRITION 2024, the American Society for Nutrition's annual conference, in Chicago.

Although 143 countries globally have policies mandating the fortification of cereal grains (maize flour, wheat flour, and rice), oil, and/or salt, many countries have outdated information – or none at all – on how well that fortification is implemented. Food fortification, a multisectoral nutrition intervention, adds essential vitamins and minerals to commonly consumed foods to improve diet quality.

USAID worked with Dr. Faye and her colleagues at LARNAH to collect and analyze data on the status of food fortification in Senegal and inform programming priorities.

LARNAH teams collected food samples of oil, salt, and wheat flour from marketplaces surrounding Dakar and analyzed the amount of vitamin A in the oil, iodine in the salt, and iron in the wheat flour, comparing their results with legally required food standards. The study estimated that only 19 percent of the wheat flour, 44 percent of the edible oil, and 45 percent of the salt are fortified within the Senegalese standard's targeted nutrient levels. This research identified areas for improvement, including food processors that may benefit from training to improve fortification practices at their factories.

Sending food samples abroad for analysis can be expensive and time-consuming. Increasing domestic laboratory capacity enables regulatory agencies to more effectively monitor food fortification locally. By partnering with local institutions like LARNAH, USAID supports locally driven, data-informed programming to improve diets in Senegal.

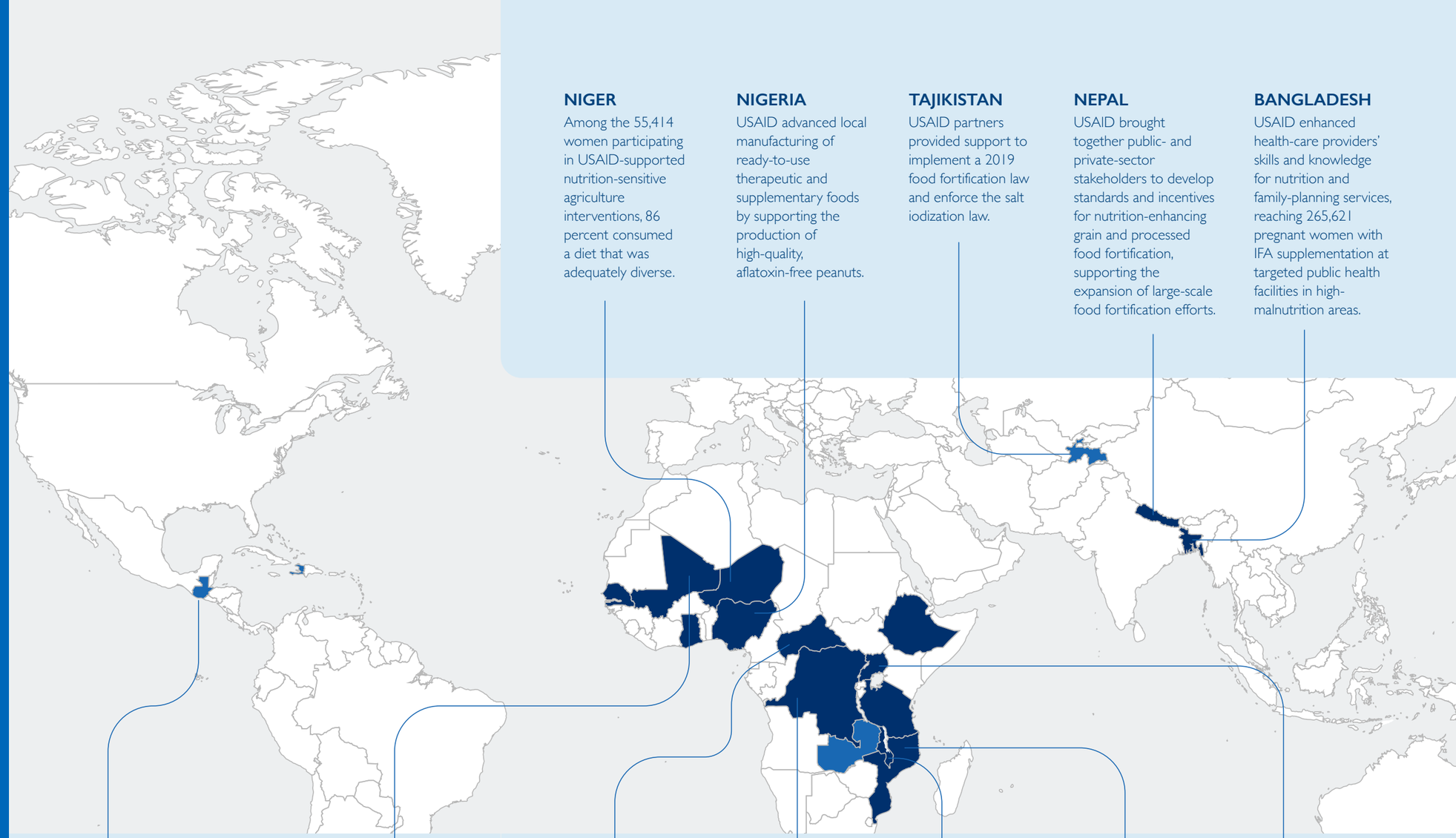
> **"This partnership strengthened LARNAH's reputation as a leading research team on nutrition-related issues in Senegal. The evidence gathered through this project has opened up new perspectives for improving food fortification with micronutrients in Senegal, with the goal of achieving a public health impact."**
>
> – DR. FAYE

SPOTLIGHTS ON SUCCESS

FUELING COUNTRY PROGRAMS

In partnership with local government, private-sector, and community actors, USAID nutrition programs equip people with the skills, tools, and resources needed to improve their families' health, diets, and nutrition, especially early in life when it matters most. Anchoring our work in locally-led assistance helps us tailor programs and interventions to best meet the needs of communities in ways that are both transformational and sustainable.

These country highlights and the success stories included throughout this report illustrate the extensive reach and impact of USAID nutrition programming in NPCs/NSSCs. These highlights demonstrate the breadth of multisectoral programming that USAID is supporting in its priority countries: from primary health-care services for good nutrition to building the capacity of the health-care workforce to food safety improvements, large-scale food fortification, and the transformation of food systems.



NIGER
Among the 55,414 women participating in USAID-supported nutrition-sensitive agriculture interventions, 86 percent consumed a diet that was adequately diverse.

NIGERIA
USAID advanced local manufacturing of ready-to-use therapeutic and supplementary foods by supporting the production of high-quality, aflatoxin-free peanuts.

TAJIKISTAN
USAID partners provided support to implement a 2019 food fortification law and enforce the salt iodization law.

NEPAL
USAID brought together public- and private-sector stakeholders to develop standards and incentives for nutrition-enhancing grain and processed food fortification, supporting the expansion of large-scale food fortification efforts.

BANGLADESH
USAID enhanced health-care providers' skills and knowledge for nutrition and family-planning services, reaching 265,621 pregnant women with IFA supplementation at targeted public health facilities in high-malnutrition areas.

GUATEMALA
USAID reached over 16,000 pregnant women and 117,000 children under five in the Western Highlands and Verapaces, addressing malnutrition through interventions in water quality, hygiene, sanitation, diet diversity, child growth monitoring, breastfeeding, complementary feeding, and health-care during the first 1,000 days from pregnancy to a child's second birthday.

MALI
USAID supported routine and targeted campaigns for micronutrient supplementation, reaching over 2.6 million children with vitamin A supplementation and over 522,000 pregnant women with IFA supplementation.

BURKINA FASO
Leveraging a range of communication approaches, USAID promoted good nutrition practices through 1,880 community-based learning groups for mothers, husband schools engaging 8,000 male participants, and radio mass-communication campaigns.

DEMOCRATIC REPUBLIC OF THE CONGO
Following USAID interventions to promote nutrition through increased consumption of soybeans and iron-fortified beans in South Kivu province, 87 percent of female program participants achieved an adequately diverse diet.

MALAWI
USAID promoted facility and community-level screening for wasting, and ensured that tools for the treatment of wasting align with the current WHO guidance. Over 12,000 children were treated for severe wasting.

MOZAMBIQUE
USAID improved the quality and coverage of lifesaving interventions reaching almost 1.5 million children under five by supporting breastfeeding, complementary feeding, access to prenatal micronutrient supplements, and wasting treatment in Nampula and Zambézia.

UGANDA
USAID strengthened nutrition services in primary health-care systems by ensuring adequate vitamin A coverage to over 877,000 children.

Nutrition Priority Countries

Nutrition Strategic Support Countries

MEASURING UP TO GLOBAL AMBITIONS

The World Health Assembly (WHA) nutrition targets are global benchmarks that provide clear direction and measurable goals for countries to work towards.[8] These targets serve as a framework to guide policy decisions, resource allocation, and collaborative efforts with governments, international organizations, and nongovernmental entities to collectively combat malnutrition and enhance global health. USAID's Multi-Sectoral Nutrition Strategy 2014–2025 commits to advancing progress towards WHA targets through country programming.

The WHA global benchmarks encompass:[9]

- Reducing stunting among children under five by 40%.
- Reducing and sustaining childhood wasting below 5%.
- Reducing anemia in women of reproductive age by 50%.
- Increasing exclusive breastfeeding rates within the first six months to a minimum of 50%.

Table 5 shows country-level progress toward WHA targets for NPCs/NSSCs and additional USAID partner countries with nutrition-related programming. Countries are categorized as on track, some progress, or no progress/worsening. (See the note below Table 5.) In some cases, countries may appear to have met the WHA target but are not considered on track because data indicate that the country is no longer improving on that measure.

Country progress toward the WHA targets, among other indicators, informs how USAID prioritizes its nutrition investments, including in the selection of NPCs (as described in the GMPTA Implementation Plan). Evaluating progress toward these targets annually is part of USAID's multipronged approach to measure progress on the implementation of the GMPTA.

It should be noted that the current methodology used in most surveys to assess anemia, which uses a single drop of blood, has been proven to overestimate anemia prevalence (from 1.2 to more than 2.5 times[10]), and does not have sufficient precision to detect changes due to interventions or over time. A newly released WHO guideline[11] (March 2024) addresses this issue, recommending the use of venous blood to improve the diagnosis of anemia. USAID is prioritizing improving anemia assessment and programming by leading research on measurement methods, collecting more-accurate data via venous blood through nutrition surveys and the Demographic and Health Surveys Program, and analyzing the causes of anemia in different contexts.

[8] National-level data included in this report come from the WHO tracking tool on meeting WHA targets.

[9] WHA global benchmarks were originally slated for attainment by 2025. In 2021, WHO and UNICEF extended that date to 2030. For more information, see https://data.unicef.org/resources/extension-of-2025-maternal-infant-young-child-nutrition-targets-2030/.

[10] Larson et al., 2021. Preanalytic and analytic factors affecting the measurement of haemoglobin concentration: impact on global estimates of anemia prevalence. https://gh.bmj.com/content/6/7/e005756.

[11] The WHO guideline can be found at https://www.who.int/publications/i/item/9789240088542.

TABLE 5. Progress Toward WHA Targets in USAID Nutrition Partner Countries

COUNTRY	STUNTING (%)[12]	WASTING (%)[13]	ANEMIA (%)[14]	BREASTFEEDING (%)[15]
BANGLADESH*	28.0	9.8	36.7	62.6
BURKINA FASO*	22.6	10.6	52.5	57.9
BURMA	26.7	6.7	42.1	51.2
BURUNDI	55.8	4.8	38.5	71.9
CAMBODIA	21.9	9.6	47.1	51.2
DRC*	41.8	6.4	42.4	53.6
EGYPT	22.3	9.5	28.3	39.5
ETHIOPIA*	36.8	6.8	23.9	58.8
GHANA*	17.5	6.8	35.4	42.9
GUATEMALA*	46.0	0.8	7.4	53.2
HAITI*	21.9	3.7	47.7	39.9
HONDURAS	18.7	1.9	18.0	30.2
INDIA	35.5	18.7	53.0	63.7
INDONESIA	30.8	10.2	31.2	50.7
JORDAN	7.4	0.6	37.7	17.8
KENYA	17.6	4.9	28.7	61.4

= No Progress or Worsening = Some Progress = On Track = Insufficient Data to Assess Progress

* Denotes USAID Nutrition Priority Country/Nutrition Strategic Support Country.

Note: Stoplight assessments of country progress come from Global Nutrition Report: Country Nutrition Profiles (https://globalnutritionreport.org/resources/nutrition-profiles/), which were developed with extensive technical input from WHO and UNICEF and based on the average annual rate of reduction for each indicator (explained here: https://globalnutritionreport.org/resources/nutrition-profiles/methodology/). Assessments of progress require a minimum of two data points measuring the indicator at the national level, at least one of which is from 2012 or thereafter.

[12] Percent of children under age five who are stunted (height-for-age z-score < -2); most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[13] Percent of children under age five who are wasted (weight-for-height z-score <-2); most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[14] Percent of women 15-49 who are anemic (Hb < 120 g/L for nonpregnant women and Hb < 110 g/L for pregnant women, adjusted for altitude and smoking); most-recent model-based estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[15] Percent of infants under age six months who are exclusively breastfed; most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

TABLE 5. Progress Toward WHA Targets in USAID Nutrition Partner Countries

COUNTRY	STUNTING (%)[12]	WASTING (%)[13]	ANEMIA (%)[14]	BREASTFEEDING (%)[15]
KYRGYZ REPUBLIC	11.8	2.0	35.8	45.6
LAOS	33.1	9.0	39.5	44.4
MADAGASCAR	39.8	7.2	37.8	54.4
MALAWI*	35.5	2.6	31.4	64.1
MALI*	21.8	10.6	59.0	47.7
MOZAMBIQUE*	37.5	3.9	47.9	41.0
NEPAL*	24.8	7.7	35.7	62.1
NIGER*	47.7	10.9	49.5	25.6
NIGERIA*	31.5	6.5	55.1	25.2
RWANDA	33.1	1.1	17.2	80.9
SENEGAL*	17.9	8.1	52.7	40.8
SOUTH SUDAN	31.3	22.7	35.6	44.5
TAJIKISTAN*	17.5	5.6	35.2	35.8
TANZANIA*	30.0	3.3	38.9	57.8
UGANDA*	25.4	3.6	32.8	65.5
ZAMBIA*	34.6	4.2	31.5	69.9
ZIMBABWE	23.5	2.9	28.9	41.9

= No Progress or Worsening = Some Progress = On Track = Insufficient Data to Assess Progress

* Denotes USAID Nutrition Priority Country/Nutrition Strategic Support Country.

Note: Stoplight assessments of country progress come from Global Nutrition Report: Country Nutrition Profiles (https://globalnutritionreport.org/resources/nutrition-profiles/), which were developed with extensive technical input from WHO and UNICEF and based on the average annual rate of reduction for each indicator (explained here: https://globalnutritionreport.org/resources/nutrition-profiles/methodology/). Assessments of progress require a minimum of two data points measuring the indicator at the national level, at least one of which is from 2012 or thereafter.

[12] Percent of children under age five who are stunted (height-for-age z-score < -2); most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[13] Percent of children under age five who are wasted (weight-for-height z-score <-2); most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[14] Percent of women 15-49 who are anemic (Hb < 120 g/L for nonpregnant women and Hb < 110 g/L for pregnant women, adjusted for altitude and smoking); most-recent model-based estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

[15] Percent of infants under age six months who are exclusively breastfed; most-recent survey data estimates from WHO WHA target-tracking tool (https://www.who.int/data/nutrition/tracking-tool).

BREASTFEEDING COUNSELING
for a Healthy Start in Zambia

It's a serene Monday morning at Bauleni's Urban Clinic in Lusaka, Zambia. Esnart Siyanga, the clinic's dedicated nutritionist, gears up for her daily nutrition counseling session for pregnant women. Expectant mothers, spanning various stages of pregnancy, gather inside a tent for Esnart's guidance.

Esnart begins the session with the crucial topic of exclusive breastfeeding. She emphasizes the significance of exclusive breastfeeding for infants less than six months of age in preventing malnutrition and improving newborn health outcomes. Exclusive breastfeeding, Esnart explains, provides infants with essential nutrients vital for their cognitive and physical development. For mothers, exclusive breastfeeding lowers their risk of developing postpartum depression, cancer, high blood pressure, and type 2 diabetes.

"Breast milk is very important," Esnart says. "Apart from the socioeconomic part, it's also about bonding, the development of milestones – you find that the child will grow without difficulties."

Having served at the clinic for five years, Esnart adeptly juggles various responsibilities from nutrition counseling for pregnant women and new mothers to individual breastfeeding consultations, often providing hands-on guidance to mothers. Through her work, Esnart actively contributes to the Baby-Friendly Hospital Initiative (BFHI), which encourages health facilities to better support breastfeeding, especially during the critical newborn window.

In a thorough session with Phebby Tembo and her underweight newborn, Esnart demonstrates the importance of correct positioning and attachment for breastfeeding. Esnart also addresses mixed feeding, when a baby is fed both breast milk and infant formula, discouraging the practice while highlighting the benefits of exclusive breastfeeding. Drawing on the knowledge she gained through USAID-supported training, Esnart provided skilled support to Phebby to address her breastfeeding concerns and challenges.

In FY 2023, 311,573 pregnant women were reached with nutrition-specific interventions through USAID-supported programs in Zambia. In addition, 408,000 women delivered their babies in Zambian health facilities receiving USAID support, where they were better placed to be counseled on the importance of exclusive breastfeeding. These programs foster a healthy start to life and underscore USAID's commitment to supporting infant and child nutrition.

If the child is well breastfed, without mixed feeding, they grow well. They grow without illnesses. They are healthy. If they grow up, they [come] to be smart; the brain is well developed.

– ESNART SIYANGA

SEEDING RESEARCH AND INNOVATION

By investing in rigorous research, USAID sheds light on the complex underlying causes of malnutrition. Research and innovation strengthen the fight against global malnutrition by providing new tools, evidence, and strategies to develop and improve effective interventions and policies. This knowledge improves programming at USAID and beyond.

In 2023, our research investments included advancing understanding of anemia and micronutrient deficiencies, food safety practices, and preventing and predicting relapse for acute malnutrition.

In collaboration with Nutrition International, USAID explored reasons for inconsistencies within estimates of anemia in population-based surveys. Findings from the study, which took place in Cambodia, Ethiopia, Guatemala, Lebanon, Nigeria, and Tanzania, revealed that capillary blood used for sampling in the field had large variations, sometimes exceeding a 30 percent margin of error. These results, published in the *Journal of Nutrition* in 2024, led to a WHO recommendation to use venous blood for reliable determination of anemia in large-scale field surveys.

Research by the Feed the Future Food Safety Innovation Lab contributed to identifying food risks and hazards across Bangladesh, Cambodia, Kenya, Nepal, Nigeria, and Senegal. In Bangladesh, researchers discovered that consumers, especially women and wealthier men, are inclined to pay higher prices for fish that are deemed safer, emphasizing the importance these consumers place on food safety. In Senegal, researchers collected data to better understand food safety practices, perceptions, and challenges in dairy production and processing, especially for women and youth. Based on the findings, the research teams are collaborating with local governments to institutionalize best practices, enhance training, guide strategies, and inform policies on food safety.

Findings from a USAID-funded multicountry panel study on the likelihood of relapse following SAM showed alarming rates. Nearly half of the children in the study, which took place in Mali, South Sudan, and Somalia, experienced a relapse of SAM within six months. Overall, these children were 3.8 times more likely to suffer from acute malnutrition or mortality, and 7.8 times more likely to redevelop SAM, compared with peers without a recent history of acute malnutrition. In partnership with the U.S. Centers for Disease Control and several universities, USAID's Bureau for Humanitarian Assistance convened global experts to discuss the findings and inform guidelines for monitoring children following treatment for SAM.

SURVEYING SALT

Validating Salt Iodization Monitoring in Tanzania

Tanzania has successfully implemented and monitored a salt iodization program during the past 30 years, which has prevented iodine deficiency disorders across the country. In 2018, 96 percent of the salt in the country was iodized. The median concentration of iodine in urine, an indicator of iodine intake, in women of childbearing age was high enough to demonstrate that the program had attained its public health goal. Yet monitoring salt iodization can be time-consuming and costly. That's why UNICEF and USAID support research at the Tanzania Food and Nutrition Center to validate simplified approaches for monitoring salt iodization programs.

Iodine-deficiency disorders can have severe consequences for health — particularly affecting cognitive development in children and overall population health. Most regions of Tanzania do not have natural sources of iodine, making iodization through salt essential to prevent deficiency. Periodic monitoring of the program and the iodine status of the population is necessary to maintain the effectiveness and safety of the program and to make informed policy decisions.

In 2023, UNICEF and USAID engaged in detailed discussions with the Tanzania Food and Nutrition Center research team to review and validate the monitoring methodologies being used in the study, ensuring that the data collected are reliable. The study findings are expected to be published and shared in the coming year. Validated simplified monitoring approaches could streamline future salt iodization programs, making them more efficient and cost-effective.

This joint effort underscores USAID's commitment to improving public health and nutrition outcomes through rigorous scientific research and evidence-based policymaking. The results of this study provide valuable insights that will not only benefit Tanzania, but also offer lessons for other countries facing similar public health and nutritional needs.

Validated simplified approaches will streamline local monitoring of salt iodization programs, ensuring safety and making programs more efficient and cost-effective.

FORTIFYING COLLABORATION AND PARTNERSHIP

U.S. government coordination and partnership are essential to effectively steward our nutrition programs alongside other global donors, partners, and collaborating organizations. Malnutrition encompasses complex and interconnected factors, including health, agriculture, education, and social systems. By bringing together expertise, resources, and efforts across U.S. government agencies, the GMPTA mandate and the U.S. government's Global Nutrition Coordination Plan (GNCP) enable a comprehensive approach to tackle the root causes of malnutrition. Through effective global partnerships, U.S. nutrition programs can leverage investments from global donors and align with local and global priorities.

The GNCP provides guidance to facilitate interagency collaboration around nutrition efforts. This past year, technical discussions on nutrition social assistance programs led to a new sub–working group. Agencies coordinated their presence and contributions to global convenings, such as the Micronutrient Forum in 2023 and the U.N. Climate Change Conference (COP29), which will take place in November 2024.

USAID continues to monitor progress toward the U.S. programmatic and financial commitments made during the 2021 Nutrition for Growth Summit and support preparations for the 2025 Summit. These activities include U.S. engagement in a meeting, convened by the Government of France, to bring together past, present, and future Nutrition for Growth leaders to ensure continuity in the thematic focus of each Summit.

In collaboration with UNICEF, WHO, and the Bill & Melinda Gates Foundation, USAID advanced its Nutrition for Growth commitment to enhance nutrition data and information systems. These activities increased the number of countries with nutrition integrated into their information systems, the availability and quality of subnational nutrition data, and the capacity of governments and practitioners to collect and use nutrition data.

USAID also advanced its global Nutrition for Growth commitment to scale up quality breastfeeding promotion, counseling, and support, in collaboration with WHO and UNICEF. As part of this joint commitment, USAID supports country commitment and action to adapt and institutionalize the BFHI's Ten Steps to Successful Breastfeeding within national standards of care. To foster South-South learning, share best practices, and develop action plans for BFHI, USAID, along with WHO and UNICEF, convened Ministry of Health representatives and country experts from Ethiopia, Ghana, Kenya, Malawi, Uganda, Zambia, Tanzania, and Nigeria. USAID and partners will continue to support actions coming from this meeting.

COLLECTIVE ACTION
for Safe Food Markets in Ethiopia

In the bustling city of Hawassa, Ethiopia, a remarkable initiative has motivated the local community. For years, traditional open-air markets had been plagued by food safety challenges, risking consumers' health. But in mid-2023, a group of determined local stakeholders took matters into their own hands by developing a market-improvement initiative to transform the lives of many.

Dr. Addisu Desalegn, a medical doctor and nutritionist at Adare General Hospital, is one of many passionate community leaders on the initiative's task force. Supported by Feed the Future, the initiative focuses on harnessing the power of collective action to address the complex obstacles that impede improved food safety in traditional markets. At its launch, Dr. Desalegn joined leaders from Hawassa City's Mayor's Office, the Regional Health Bureau, faith groups, and the local university to share personal stories about their families' experiences with unsafe food.

After the first meeting, Dr. Desalegn said:

> *This task force has included many decision- makers; therefore, it's a good opportunity here to explain [the] food safety problem from [a] health facility perspective. When…presenting the magnitude of the problem, I was thinking of my patients.... In our hospital, children are suffering day and night, crying all the day and night, dying every day, but they don't know from where the problem comes; they don't understand even the causes. Children's mothers are suffering a lot, losing everything to save the life of their children.*

Last year, stakeholders in the region rated food safety as "poor" due to low understanding of food safety, poor infrastructure, and limited resources. Community leaders believed that the key to success lay in uniting vendors, consumers, and local authorities. Consumers agreed: "We absolutely hate the fact that the market we grew up around is not showing any improvement. We have the resources to improve it, but no one is bold enough to start the initiative."

> **[The] food safety problem is beyond the structure of [the] health sector and needed [the] coordination of [this] multi-stakeholders partnership.… [T]he sun is rising for those children and mothers who are in hospital and suffering with food safety problems.**
>
> – Dr. Desalegn

With this vision in mind, community actors began to educate, inspire, and empower all stakeholders through the market-improvement initiative.

As the initiative gains momentum, there are signs of progress. Members have pledged their commitment and completed a needs assessment to develop a market-improvement plan to transform Aroge Gebeya ("Old Market" in Amharic) into a vibrant and thriving space where consumers are confident in the safety of their purchases.

Word of the new initiative in Hawassa has spread, attracting the attention of public planners and communities facing similar challenges. The initiative's leaders are hopeful for a ripple effect, as one market after another could utilize their template for transformative change, leading to healthier and safer environments for all.

CATALYZING TRANSPARENCY AND ACCOUNTABILITY

Transparency and accountability are foundational to advancing global nutrition objectives, fostering the trust and commitment that allow donors, host-country governments, the private sector, and other stakeholders to collaborate effectively in malnutrition prevention and treatment.

As the principal contributor to worldwide nutrition efforts, the U.S. government recognizes that precise resource tracking and robust accountability mechanisms are imperative to measure progress against our commitments. USAID has been at the forefront of these transparency efforts, publishing complete financial contributions to global nutrition from all U.S. departments and agencies. This includes Agency-wide efforts to track progress against the $11 billion commitment made during the 2021 Nutrition for Growth Summit to combat malnutrition globally. As part of preparations for the upcoming Summit in 2025, USAID will be working with partner countries to encourage greater transparency and accountability on their own financial and programmatic commitments (which are shared publicly on the Global Nutrition Report website).

USAID further promotes accountability through active participation in the Scaling Up Nutrition (SUN) Donor Network. USAID also remains a member of the Stakeholder Group for the Global Nutrition Report and, in close collaboration with the SUN Donor Network, continues to work towards greater global transparency via the Nutrition Accountability Framework.

USAID has been instrumental in bolstering multisectoral budgeting, financing, and transparency at the country level, in partnership with the Bill & Melinda Gates Foundation and Results for Development. In FY 2023, collaborating with the governments of Ghana and Malawi, USAID facilitated sustainable financing strategies and action plans for nutrition while concurrently implementing a robust system for tracking expenditures against budgets. The result of this collaboration was the Sustainable Financing for Nutrition (SUSTAIN) model, which supports increased country-level financing by strengthening government capacity to develop sustainable financing strategies. The SUSTAIN model will also be used as part of efforts by the Financing Capacity Development Platform (FCDP) to support SUN countries to develop sustainable financing strategies, identify evidence-based financing goals, and generate costed financial plans. Together with the SUN Movement Secretariat, the Bill & Melinda Gates Foundation, and others, USAID serves as a board member of the FCDP.

NAVIGATING CHALLENGES: INSIGHTS FROM IMPLEMENTATION HURDLES

Climate change and repeated shocks, such as drought, hurricanes, and extreme heat, significantly impact global nutrition outcomes due to far-reaching consequences on health, food systems, agricultural productivity, and access to nutritious foods. Extreme weather patterns, unpredictable rainfall, and more-frequent weather events negatively impact agricultural yields and crop quality, often reducing the availability of diverse and nutrient-rich foods and increasing food prices. When compounded by limited diet diversity, this has increased malnutrition disproportionately for indigenous peoples, small-scale food producers, and members of low-income households, particularly children, elderly people, and pregnant women. In response, USAID programming focuses on adaptive solutions that help communities respond to changing weather patterns, such as those in the following countries below:

- In **Mauritania**, extreme heat and rain impact the ability to conduct food distribution. USAID field teams used forecasts in scheduling outdoor distributions to not adversely affect the project participants.
- In **Bangladesh**, USAID focused the implementation of its nutrition-related projects in the most climate-vulnerable geographies, including regions prone to seasonal flooding.

Socioeconomic and regional factors can make rural populations more vulnerable to poverty and malnutrition in comparison with those residing in urban areas. Many USAID countries continue to experience secondary effects of the COVID-19 pandemic, inflated cost of living, global and regional food crises, and impacts from Russia's invasion of Ukraine, all of which affect the purchase of diverse foods, decrease remittances, and disrupt food supply chains. USAID works with communities impacted in these ways to develop context-specific strategies to advance local nutrition priorities in several countries, including the following:

- In the **Kyrgyz Republic**, USAID empowered farmers to establish trade partnerships and enhance production technology in the dairy and fruit sectors to reduce dependence on Russia and remittances. These technologies include the use of cold storage tanks to safely maintain the quality and value of milk – a high-value export with markets in Uzbekistan. USAID promoted effective food storage practices to help households maintain a diverse and healthy diet throughout the year.
- To address the rising costs of nutritious foods in **Nigeria**, USAID collaborated with the Ministry of Agriculture to establish women-owned home garden demonstration plots that improve household food access. USAID also trained nutrition promoters on good maternal, infant, and young children's feeding practices and issued private-sector grants to increase production of fortified baby foods.
- In **Tajikistan's** mountainous western regions bordering Afghanistan, USAID adopted context-specific behavior-change strategies to promote increased breastfeeding. Engaging men and religious leaders through tailored outreach is helping to increase rates of exclusive breastfeeding in this vulnerable and remote region.

Conflict and political instability have significant adverse effects on global nutrition due to their disruptive impacts. Conflict often damages or destroys health-care facilities and disrupts health services. Routine health-care, including maternal and child nutrition services, can become inaccessible, leading to higher rates of malnutrition and preventable diseases. Conflict can also disrupt agricultural activities, leading to decreased food production and supply. Farmers may be forced to abandon fields, livestock can be lost, and supply chains can be interrupted, causing food shortages and price spikes. Further, conflict can impede the delivery of humanitarian aid and restrict access to affected populations, making it difficult to provide lifesaving nutrition interventions to those in need. USAID works closely with partners to adapt programming when faced with conflict or instability, including the following:

- In the **Sahel**, growing insecurity limited the movements of program staff in the field and the interventions delivered by community health workers (CHWs). Certain areas were sometimes inaccessible, making it difficult to implement activities and rendering certain plans inoperative, which entailed constant readjustment and adaptation. USAID support to train CHWs in task sharing enabled the continuity of service provision at the community level, especially for the care of malnourished children.

Limited and unreliable data at the country level can limit or prevent effective monitoring of and learning about nutrition interventions. Limited data also means that decisions about nutrition program investments may be made without a complete understanding of where needs are greatest or what the primary threats to malnutrition or food security may be in each community. The following country examples underscore USAID's commitment to improving data availability and reliability:

- In **Senegal**, in addition to the challenging social context of malnutrition, data in the Ministry of Health (MoH) information system, DHIS2, is poor and often incomplete. USAID worked closely with the national government, donor partners, civil society organizations, and other local stakeholders to integrate MoH work planning, human resources data, and financial management tools into DHIS2 to foster a transparent and streamlined process and improve data quality.
- In **Honduras**, USAID programs supported data availability by digitizing primary-health and community-based child health-care services. These investments increased the availability of reliable data, which supported local health leadership decision-making to expand and invest in the provision of the primary-health and childcare services.
- In **East Africa**, limited and unreliable data caused unevenly enforced food, animal, and plant safety standards. USAID, through its continued support to regional intergovernmental organizations and key partners, mitigated these challenges by harmonizing policies and legal frameworks, creating stronger coordination platforms, and institutionalizing data collection through country-monitoring systems for evidence-based decision-making.

SUPPORTING NUTRITION
During Instability in Haiti

Globally, causes of malnutrition and food insecurity tend to be rooted in poor infant and young-child feeding practices, lack of access to clean water and sanitation, and poverty. In Haiti, these causes are amplified by recent natural disasters, political and civil instability, and a deteriorating security situation. A March 2024 analysis by the Government of Haiti's National Coordination Office of Food Security revealed that almost five million Haitians – over 40 percent of the population – are acutely food insecure and in urgent need of humanitarian assistance.

In response, USAID is scaling up community-led malnutrition prevention and treatment services, starting with strengthening capacity for CHWs. In May 2024, USAID partners collaborated with the Ministry of Public Health and Population's Nutrition Unit to train 22 nurses and 42 community health-care workers in Kenscoff, a community outside Port-au-Prince.

Kenscoff has an estimated population of 52,000, including 9,600 children under five years of age. Children in this area are at risk of malnutrition – the global acute malnutrition rate in Kenscoff, defined as the percentage of children between six months and five years of age who are moderately or severely malnourished, was measured at 5.1 percent. Although the community is near the capital, access to treatment is constrained because it requires unsafe travel through gang-controlled areas.

Because of the training, community health workers in Kenscoff are better able to diagnose cases of moderate acute malnutrition and refer cases of severe acute malnutrition to mobile or ambulatory therapeutic facilities. Dr. Joseline Marhone, Nutrition Director at Haiti's Ministry of Health, said, "This intervention strengthens nutrition services in the community while reducing the need for mothers and caregivers to travel outward and compromise their safety while seeking quality health-care." USAID is supporting the Ministry of Health to scale up interventions like this to other areas in the country affected by both malnutrition and gang violence.

In addition to training, USAID provides mobile clinic services to remote and vulnerable communities to enable continual access to care. Through these programs, over the past nine months USAID provided nutrition services to 3,546 children under age two and 657 pregnant women in the Kenscoff area. Given the high levels of malnutrition in Haiti, these critical services often mean the difference between life and death.

Over the past nine months, USAID provided nutrition services to

3,546

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657

PREGNANT WOMEN

in the Kenscoff area.

LOOKING AHEAD

This year's Global Malnutrition Prevention and Treatment Act Annual Report demonstrates the lifesaving programs USAID delivers around the world in pursuit of good nutrition and improved health for all. Through collaboration, innovation, research, and partnership, the United States continues to champion unwavering commitment and global leadership to combat the complex challenges of malnutrition.

In the coming year, USAID anticipates revising the USAID Multi-Sectoral Nutrition Strategy, which ends in 2025, and galvanizing global partners through leadership in the 2025 Nutrition for Growth Summit. Incorporating our revised nutrition indicators across agency PPR reporting will enhance our understanding of how USAID programs are delivering nutrition programs, increasing our ability to tailor interventions to advance nutrition progress. These milestones present opportunities to strengthen interagency coordination, international partnerships, and evidence-based interventions in support of GMPTA goals. Leveraging every opportunity, USAID remains dedicated to advancing transformative strides towards a future where malnutrition no longer hinders the health, prosperity, and potential of communities worldwide to thrive.

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