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Improving Food Aid to Improve Maternal and Child Nutrition

by Scott Bleggi

UN Photo/Kibae Park

Key Points

- Reducing maternal and child malnutrition, especially in the critical 1,000 days between pregnancy and age 2, is a key priority of U.S. global food security and health initiatives.
- Food aid is an essential tool in tackling malnutrition. As the world's largest provider of food aid, the United States can lead the way in improving its quality to better target undernourished women and children.
- Setting the goal of improving maternal and child nutrition as a central program objective would help align food aid investments with those being made in Feed the Future and the Global Health Initiative.
- Lipid-based, fortified, and other nutrition-dense products, already included in the food aid commodities list, should be more widely procured and distributed. Successful pilot program nutrition interventions must move quickly "to scale."
- Strengthening mechanisms to solicit and promptly incorporate feedback from implementing partners and to document and disseminate best practices would improve the responsiveness of food aid programs to nutritional needs on the ground.

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Bread for the World Institute provides policy analysis on hunger and strategies to end it. The Institute educates its network, opinion leaders, policy makers and the public about hunger in the United States and abroad.

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Abstract

The United States is the world's largest provider of food aid products—procured by the U.S. Department of Agriculture (USDA) and distributed by the U.S. Agency for International Development (USAID) through partner organizations overseas. A growing body of scientific evidence shows that early childhood nutrition interventions, aimed at the critical "1,000 Days" window from pregnancy through a child's second birthday, are extremely effective and cost-efficient ways to arrest the lifelong effects of malnutrition. More than 100 country governments and civil society organizations have signed on to the Scaling Up Nutrition Movement, which supports efforts to expand effective nutrition programs to undernourished pregnant women and young children. Reducing maternal and child malnutrition is a key priority of the U.S. government's Feed the Future and Global Health initiatives. There are opportunities to reform food aid to better align it with the objectives of these two programs. The U.S. Government Accountability Office has reported on inefficiencies in U.S. food aid procurement and distribution, while Tufts University has released an important study of ways to improve the nutritional quality of food aid. With debate on the next farm bill beginning, now is the time to improve this essential program.

Introduction

The United States will be debating and authorizing a new farm bill in the coming year, and food aid quality is likely to be addressed. Much has changed since the last farm bill that underscores the urgency and opportunity of reforming food aid to make it a more effective tool in reducing hunger and malnutrition. The continued volatility in the prices of basic foods, combined with rounds of sudden price spikes in 2008 and 2010-2011, pushed tens of millions of additional people into hunger or food insecurity. In Somalia, drought, violent conflict, and lack of a functioning government led to the 2011 famine that killed tens of thousands of young children and forced many other malnourished people to walk hundreds of kilometers in search of food assistance. In the United States, concern over budget deficits has led to efforts to cut spending and to find program efficiencies.

UN Photo/Kate Holt

A Somali mother and her children in a refugee camp in Kenya

Experts now agree that the most critical period in human development is the 1,000 days from pregnancy to a child's second birthday.[1] Malnutrition is uniquely harmful during this period; research shows that the damage it causes to physical and cognitive development is lifelong and irreversible. New knowledge of food aid products that deliver improved nutrition is available. Feed the Future and the Global Health Initiative, major U.S. development programs, are prioritizing maternal and child nutrition.

Malnutrition in this 1,000-day window is associated with low birth weight, stunting, poor school attendance and learning, chronic illness, and lifelong reductions in economic activity. While the economic costs are substantial, the human costs can only be described as tragic. Malnutrition is the single largest contributor to child mortality.

Recent decades have seen progress against malnutrition, but it remains one of the most serious global health problems. In developing countries, one-third of children are stunted (too short for their age) or underweight. The first U.N. Millennium Development Goal[2] —to eradicate extreme poverty and hunger—has a target of reducing by half the number of hungry people in the world by 2015 (using 1990 figures as a baseline). Hunger and the effects of malnutrition contribute to shortened life spans, increased susceptibility to disease, and threatened livelihoods.

During hunger emergencies, pregnant and lactating women and very young children are most at risk of malnutrition. Because of the urgency of preventing malnutrition during the 1,000-day window, food aid donors must ensure that this vulnerable group receives the right food assistance that includes the proper nutrition. For people in chronic food-deficit countries, food aid may be their primary, if not their only, source of sustenance. The types of food aid provided by the United States and other donors in general distribution do address hunger by providing needed calories. But ensuring good nutrition to vulnerable populations has not been a high priority—at least partly because it is seen to address short-term food emergencies.

Nutrition, the Critical Role of Women, and the 1,000-Day Window

Women, in nearly all cultures, bear the major responsibility for their families' nutrition. However, they themselves are often undernourished due to social, economic, and biological stressors. When a woman's position in society is improved, her overall nutrition improves as well.

It is important to link programs that aim to prevent malnutrition with those that empower women and improve their lives. Women in developing countries have responsibility not only for food production and preparation but also for raising families. Improving women's nutrition during pregnancy can help safeguard their health and ensure that their children get the best possible start in life.

Malnutrition remains a leading cause of death of young children throughout the world. For infants and children under the age of 2, the consequences of malnutrition are particularly severe, often irreversible, and long-lasting.

The 1,000-day window can also be viewed as a unique opportunity to shape a healthier, more prosperous future for children. Proper nutrition during this time has a profound and lasting impact on a child's growth, learning, and eventual economic productivity. By providing more nutritious food aid for mothers and children in the 1,000-day window, we can help ensure that a child can live a healthy and productive life and help families, communities, and countries break the cycle of poverty. Leading scientists, economists, and health experts agree that improving nutrition during this period is one of the best investments we can make to achieve lasting

progress against global hunger and poverty.[3] A large and growing evidence base shows that solutions to improve nutrition in the 1,000-day window are readily available, affordable, and cost-effective.

A leading medical journal, *The Lancet*, made specific recommendations in a ground-breaking study focused on maternal and child nutrition.[4] In 2008, it published a high-profile series that assessed the disease burden attributable to malnutrition and the interventions aimed at solving the problem. These focused on increasing household food availability and use, improving care of pregnant women and young children, and controlling infectious diseases.

The Lancet's findings include:

- Stunting, wasting and intrauterine growth restrictions are responsible for 2.2 million deaths per year in children under age 5. Much of this can be traced to diets deficient in vitamin A, zinc, iron, and iodine.
- These nutritional deficiencies contribute to mortality from HIV/AIDS, malaria, and other infectious diseases.
- Nutritional deficiencies harm brain development and cognitive ability in children, leading to declines in adult productivity.
- Effective nutrition interventions exist—such as promotion of breast feeding, improved complementary feeding following weaning, and micronutrient supplementation.
- 80 percent of the world's undernourished children live in just 20 countries. Country governments need to support nutrition actions that have proven effectiveness rapidly and at scale.

U.S. Government Leadership on Food Security and Nutrition

Shortly after *The Lancet* series appeared, the U.S. government began to renew its efforts to reduce global hunger. Other bilateral donors, multilateral development banks, and international organizations are stepping up to meet the challenge of ending global hunger and malnutrition. President Obama made references to addressing global hunger in his January 2009 inaugural address to the nation, and the administration's pivotal efforts at the G-8 meeting later that year in L'Aquila, Italy, led to broader international commitments to help reduce hunger.

More specifically, donor countries committed $22 billion over three years to help resolve the long-term underlying causes of hunger and also promised to maintain funding levels for emergency food assistance. The United States pledged $3.5 billion in new funding over three years.

Even though the period since the L'Aquila meeting has been one of global recession and national budget austerity, the United States has not only nearly reached the $3.5 billion pledge of new funding but has also maintained funding for vital emergency programs. This funding included an average of $1.78 billion per year for the main U.S. food aid program, known as P.L. 480 Title II food aid after the public law provision that authorizes it; $194.5 million annually for the McGovern-Dole school feeding assistance program, and an additional $300 million for the Emergency Food Security Program managed by USAID.

Anne Tinker/Photoshare

A South American mother and child await food aid distribution.

In addition, the United States has demonstrated considerable leadership in meeting the nutrition needs of pregnant women and young children through its launch, jointly with Ireland, of the 1,000 Days Partnership[5] to support the Scaling Up Nutrition (SUN) movement.[6] The 1,000 Days Partnership promotes targeted action and investment to improve nutrition for mothers and children during this window, when better nutrition can improve the rest of a child's life and help break the cycle of poverty. SUN brings together more than 100 organizations and governments committed to working together to fight hunger and malnutrition.

How Food Aid is Supplied and Used

Food aid is used to fight hunger in humanitarian emergencies. It also helps improve food security in food-deficit countries, where people are chronically hungry. Food aid may be widely distributed to an entire population in an emergency, targeted as supplemental or therapeutic food to vulnerable groups such as young children, or provided as complementary food to improve people's usual diets.

For decades, the United States has been the world's leading provider of food aid to vulnerable and malnourished populations. Food aid provided through U.S. government programs combats the complex and intertwined problems of famine, food insecurity, and malnutrition. The United States and other donor countries have helped meet the need by delivering millions of tons of food aid over the years. But the number of chronically undernourished people—especially in vulnerable groups such as women and small children—remains unacceptably high.

K. Burns/USAID

Ugandan food aid recipients have their forms checked before distribution.

According to the World Food Program, in 2009—a year when more than 1 billion people, the highest number ever, were undernourished—emergency food aid funding fell by 12 percent and the total tonnage of food aid delivered was the lowest since 1961.[7] Only a year earlier, global food prices had suddenly skyrocketed. Many poor people spend much of their entire income on food, so they are simply unable to feed themselves adequately when the prices of basic grains spike. Tens of millions of people fell into hunger as families were forced to skip one or more meals a day, while others still had food but ate a less nourishing and diverse diet.

Natural disasters and extreme weather linked to climate change increase the likelihood of food shortages, worsening what is often already a chronic problem. Countries in the Horn of Africa face extended periods of hunger as successive years of drought mean near-total crop failure. In 2011, famine conditions in Somalia were both the result of longstanding civil conflict—many people were trapped in areas controlled by warring factions—and the cause of its escalation. Hundreds of thousands of severely malnourished people managed to reach Somalia's borders and crowded into chaotic refugee camps in neighboring countries that were struggling to feed their own people. In some Asian countries, population growth strains efforts to feed everyone. Malnutrition persists even in areas where foods are available because people cannot afford to purchase them, particularly the variety of healthy foods people need for a diet with adequate micronutrients.

Thus, high and volatile food prices coupled with increasingly extreme weather conditions and more frequent natural disasters mean that donors will need to increase the amount of food aid they provide. Meanwhile, new developments in food and nutrition science are fueling discussions at policy and program levels about how to improve the quality of food aid.[8] Methods of accomplishing this include fortifying foods with additional vitamins and minerals, targeting specific food aid products to people and regions where they are most effective, and planning to distribute a wider range of the food aid products now available. Donors are already using better food aid products in pilot programs—where documented successes should mean that these nutrition interventions are quickly brought "to scale," meaning that approaches that work should be used with larger groups of people in need.

Food Aid Must Improve to Meet Nutrition Challenges

Food aid quality is important but only part of the overall picture of helping hungry and malnourished people. How food is transported and distributed, decisions made about eating and meals within communities or households, when and how best to provide treatment for moderately and severely malnourished children—not to mention the longer-term question of building food security to help end "chronic emergencies"—are some of the other important considerations that must be part of a more comprehensive response to nutrition challenges.

Food aid is currently distributed according to the needs of an entire area where people are hungry. Yet no single food can meet the nutritional needs of all people and groups—particularly vulnerable populations such as malnourished children—and no one approach to targeting and distributing food will work in all circumstances. Studies show that a combination of different foods contributes more to overall nutrition than do a combination of nutrients in a single food aid product.[9]

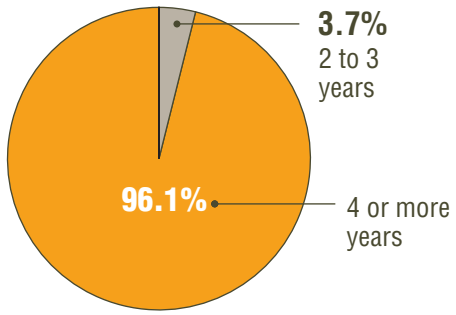
Addressing the specific nutritional needs of all recipients through large-scale feeding programs is not possible. "General distribution" food aid, provided to meet the needs of an entire food deficit population, is generally a dry commodity of whole grains such as rice, corn, wheat, or sorghum because of the large quantities required. Food aid can be fortified with micronutrients at the production plant or in the field prior to distribution, but it is usually blended

food products rather than whole grains that are most easily fortified.

Thus, commodities provided in general distribution food aid fall short of meeting the nutrition needs of many, including pregnant and lactating women, small children, and people with compromised health. This is especially problematic in chronic food shortage emergencies—where food aid is the main source of nutrition for more than a year. These chronic situations are common—in fact, more than half of the emergency food aid provided by the United States is distributed in multi-year programs.[10]

Most Recipient Countries are Multi-Year Participants in Food Aid Programs

Emergency food aid delivered in 2010 to countries that received food aid for 4 or more years, between fiscal years 2006 to 2010*



*Percentages in the pie chart are based on the amount (in metric tons) of food aid delivered in 2010 to countries that have received food aid for multiple years since 2006. The percentages do not add up to 100 percent in the pie chart because one country, which received food aid for 1 year and represented 0.2 percent of total emergency food aid in 2010, was not included in the pie.

Source: Government Accountability Office.

In addition to general distribution, food aid is also used in supplementary or complementary feeding to boost caloric intake or meet the nutritional needs of vulnerable groups. This food aid is usually targeted to children younger than 5, women who are pregnant or lactating, or people living with HIV/AIDS and other chronic illnesses. This type of aid is generally distributed through health centers, community feeding centers, or home-based care programs.

"Therapeutic feeding" is part of an emergency response to people, usually children, who have severe acute malnutrition. It requires food aid products both high in energy, fat, and protein (macronutrients) and vitamins and minerals (micronutrients). Often, milk-based therapeutic products with formulas developed by the United Nations are used to treat severe malnutrition that affects large numbers of people. Other products that are rich in both macro- and micronutrients are now more widely available to deliver precise, measurable quantities of nutrients to treat severely malnourished infants and children.

Fifteen commodities account for the majority of food aid provided by the United States, although the list of approved products is much larger.[11] A food aid quality review by researchers from Tufts University outlined ways to make nutritional enhancements that will improve the impact of U.S. food aid. The study affirmed the importance of nutrition during the critical 1,000 days period; identified how food aid can improve nutritional outcomes in older infants, young children, and pregnant and lactating women;[12] and recommended reformulating food aid products to take advantage of advancements in nutrition science.

New and Improved Food Aid Products are Available

U.S. food aid includes micronutrient-fortified foods such as Corn Soy Blend (CSB) or Wheat Soy Blend in various formulations. CSB is made from a blend of partially cooked cornmeal, soy flour, salt, and vegetable oil, with vitamins and minerals added. Other formulations carry designations such as CSB+ and CSB++ to indicate that other ingredients or nutrients have been added—often powdered milk protein, which has been shown to help the body absorb nutrients. New CSB product formulations that are energy-dense and micronutrient-fortified are being tested in pilot programs but have not yet been tested with large populations in the field.

Additional new food aid products are producing good nutrition outcomes for those suffering from both moderate and severe acute levels of malnutrition; they are now being more widely programmed by the donor community. Probably the best known are a series of peanut-based products developed by the French company Nutriset,[13] including a therapeutic food called Plumpy'nut. A study in Niger showed that feeding Plumpy'nut to severely malnourished children under age 2 was associated with a reduction in mortality of roughly 50 percent.[14]

Products like Plumpy'nut are part of a category called lipid-based nutritional supplements (LNS) which is revolutionizing ready-to-use supplemental and therapeutic foods for the treatment of malnutrition. They are now also being tested as a complementary food in general distribution aid. Their development and availability has been called "the most significant change in food aid in the 21st century."[15] These products are made with powdered ingredients mixed into a lipid (fatty oil), so they are normally available in the form of a spreadable paste. In packaged form, they can be safely stored for extended periods, even under the tropical conditions found in many food-deficit areas. No further preparation is required before they are consumed, and they contain so many nutrients that no other foods are necessary to recover from malnutrition.

Todd Post

A malnourished infant in Guatemala is given a ready-to-use therapeutic food product.

LNS products can be made from legumes (peas, lentils), peanuts, chickpeas, sesame seeds, maize, and/or soybeans. They can be provided by donors through normal food aid procurements, but they can also be manufactured with simple technology available in developing countries. Manufacturing LNS products at scale will reduce production and distribution costs. Local production in some regions has raised some quality and food safety concerns, so taking production to scale will require additional field testing.

Children can eat LNS products directly from sachets (small individual packets) with little assistance; no further preparation or cooking at home is needed. Their packaging, storability, and design encourage home-based therapy. Home-based therapy lowers the cost of treating malnutrition since the need to transport recipients to hospitals or feeding centers is minimized. In addition to formulations intended for children, LNS products can also be designed to treat malnutrition or the risk of malnutrition among adults. Recipients may be people living with HIV/AIDS, those suffering from long-term illnesses or chronic malnutrition, or pregnant and lactating women.

Micronutrient powders (MNP) are another promising development in the treatment of moderate and severe acute malnutrition. These are a blend of vitamins and minerals in powder form that can be formulated to address specific micronutrient deficiencies. They can be added to other therapeutic food products for use at community feeding centers, or, where usual diets lack essential micronutrients, can be designed as a small complement to home meals or to other types of food aid. The per-dosage cost of MNP is low, and some blends can also be manufactured locally. The World Food Program has successfully introduced micronutrient powders in South Asia, but emphasizes that it is essential to ensure that people understand the instructions on the label and packaging so that the intended recipients actually consume and benefit from MNP products.[16] Since recipients frequently have low literacy levels, the instructions are usually given in pictographs or pictures.

Cost Effectiveness: Measuring Cost per Nutrition Benefit Rather than per Ton

A 2011 report from the U.S. Government Accountability Office (GAO) on U.S. food aid includes a table on the cost of different products per daily ration or dose. These costs vary greatly, from a low of about 2-5 cents per day for grain-based rations and 3-4 cents per day for MNP, to a range of 6-24 cents for CSB-based rations, to about 12-41 cents for LNS.[17]

A vigorous policy discussion is now underway as to the most efficient ways to program food aid products, particularly the best strategies for ensuring that specialized products reach the vulnerable people for whom they are targeted. Of course, this debate must be informed by assessments of the effectiveness of new food aid products in actual field conditions. It should be a top priority to gather a substantive body of evidence on individual and group nutrition outcomes of different products. Donors' decisions about programming food aid are based on many factors, not just on cost per ton of product. Without accurate information, cost considerations are likely to carry disproportionate weight in donor decision-making. Measuring effectiveness on the basis of cost per nutritional outcome might be better than considering only cost per ton, especially when food aid is targeted to specific groups.

Strictly on a cost per daily ration basis, LNS products have been found to be more expensive than grain-based or

Scott Bleggi

Ready-to-use supplemental food for pregnant and lactating women (top) and therapeutic food for malnourished children (bottom).

Table 1 Cost Comparison of General Distribution Food Aid and Specialized Products

Type of product	Product	Description	Population targeted	Cost per daily ration or dose
Grain-based rations	Representative complementary ration	Ration of grain, pulse, CSB, and vegetable oil	Children 6–8 months and 12–23 months old	$0.019 and $0.05
CSB-based rations	CSB	Fortified blended food made of processed cornmeal, soy flour, soybean oil, vitamins, and minerals	Small children and pregnant and lactating women	0.06–0.12
	CSB+	Similar to CSB but formulated with improved micronutrient profile	Small children and pregnant and lactating women	0.08–0.16
	CSB++	Similar to CSB+, but also contains milk powder, dehulled soy, oil, sugar, and tighter microbiological specifications	Young children, 6 months to 2 years old	0.24
Micronutrient powders	Micronutrient powder–15 vitamins and minerals	Powders made of vitamins and minerals sprinkled on prepared food	Small children, school-aged children, general population	0.03
	MixMe Plus™			0.04
Nutritional supplements	Nutributter®	Peanuts, sugar, vegetable oil, nonfat milk powder, whey, maltodextrin, vitamins, and minerals	Young children 6–24 months old	0.11
Ready-to-use supplementary foods (RUSF)	High energy biscuits	Wheat flour, vegetable shortening, sugars, soy flour, skimmed milk powder, vitamins, and minerals	Children 6 months and older	0.12
	RUFC India	A chickpea-based product comparable to Supplementary' Plumpy® and Plumpy'Doz®	Young children 6 months and older	0.13
	Plumpy'Doz®	Paste of vegetable oil, sugar, peanuts, nonfat milk powder, maltodextrin, whey, cocoa, vitamins, and minerals	Young children 6-36 months	0.20
	Supplementary Plumpy'®	Paste of vegetable oil, sugar, peanuts, soy protein isolates, maltodextrin, whey, vitamins, and minerals	Young children 6 months and older	0.33
Ready-to-use therapeutic food (RUTF)	Plumpy'Nut®	Ready-to-use paste composed of vegetable oil, sugar, peanuts, nonfat milk powder, whey, maltodextrin, vitamins, and minerals	Children 6 months and older	0.41

Source: GAO analysis based on various studies.

Save the Children

UN Photo/Fred Noy

A farmer is harvesting sorghum plants in Southern Darfur from seeds donated by the FAO (Food & Agriculture Organization).

Fortified Sorghum Being Developed

To meet the growing needs of international food aid, U.S. sorghum producers, in cooperation with Kansas State University, are developing new micronutrient-fortified blended food products.

Why use sorghum? It is priced competitively with other food aid grains (corn, wheat, and rice), and many food deficit countries in Africa, including Sudan, Ethiopia, and Chad,have a history of sorghum production. If local and regional procurement is possible, food aid costs can be reduced. In countries that are heavily dependent on corn, sorghum can be seen as an alternative product.

When fortified and blended in a product, it contains a level of carbohydrates similar to corn-soy blend, along with higher levels of protein, fat, and some micronutrients. Researchers say that further evaluation, including field testing, nutrient evaluation, and economic efficacy, will be required, but they are optimistic about the future of sorghum-based food aid products.

CSB-based rations.[18] This may not be a hard-and-fast rule since new products continue to be developed. Two examples are cereal-based nutrition bars with nutrition benefits similar to LNS products, and new CSB formulations with additional micronutrients. Another category is new fortified, blended grain-based products such as Sorghum Soy Blend.

Potential cost-saving mechanisms—such as local manufacture of fortified products and micronutrient powders—need to be explored. Local and regional procurement (LRP) of food aid presents another opportunity for cost savings. In LRP, cash grants provided by donors are used to purchase food from areas with surpluses that are near where food aid is needed. Procedural changes such as providing money directly to relief organizations may also allow quicker response to a natural disaster or other hunger emergency. LRP has moved beyond a theoretical concept to actual practice, albeit on a small scale compared to overall food aid needs and some local-purchase quality concerns have been noted.

The World Food Program (WFP), along with other implementing partners, uses LRP. WFP purchases tend to be large and directed to areas of critical food shortages, while other LRP buyers often need smaller amounts directed to vulnerable groups. Implementing partners who work closely with food aid donors have experience developing and using local purchase programs, particularly cash transfers and food voucher programs. In addition to short-term food assistance, these often offer longer-term development benefits for people who are vulnerable to weak markets and high prices.[19] LRP pilot projects continue to evolve and will yield additional evidence to support their use. The U.S. government and other donors are actively evaluating the use of LRP for food aid.

USAID has scaled up efforts to position food aid in warehouses before a crisis is underway, to allow quicker emergency response. WFP has a similar initiative that uses advance-purchase facilities to position food before it needs to be distributed. Pre-positioning food aid closer to where it is needed also saves money. Currently, there is pre-positioned USAID food aid in Texas, Sri Lanka, Djibouti, Kenya, South Africa, and Togo. Combining such advance planning tactics with improved technology such as the Famine Early Warning Systems Network (FEWS-NET)[20] can help save lives in a hunger crisis.

Improving Government Policies

U.S. food aid policy regulations, guidance, and implementation are developed by multiple agencies in USDA, bureaus in USAID, and offices in the State Department. USDA is responsible for specifying what is to be purchased, approving and arranging the purchase of food aid commodities, and overseeing their delivery to port. USAID is then responsible for receiving, transporting, and distributing food aid in recipient countries through implementing partners.

A major challenge of improving nutrition in food aid is finding sources of funding within a dwindling federal budget and continuing global economic recession. Experts say, however, that the longer-term cost of inaction is even higher.[21] Nutrition interventions in general, especially micronutrient interventions, are found to have high benefit-to-cost ratios; some rates of return are in the double or even triple digits.[22] One way to fund some of the costs of improving nutrition in food aid is to identify and build greater efficiencies into

food aid programs, including by use of local and regional purchasing where it is available and meets food aid quality standards and delivery timetables.

Best practices—on policy, procurement, delivery, and distribution—must be developed within the existing multi-partner framework. This is especially important at a time of uncertainty over resources to cover recurring and emergency programming. Food aid policies that lead to effective nutrition outcomes should be jointly developed by USAID, USDA, the State Department, and the World Food Program and other implementing partners. The U.S. farm bill should make reducing maternal and child malnutrition in the 1,000-day window an objective of food aid programming and should adopt nutrition indicators as measures of effectiveness.

As new food aid products are developed and made available, deciding which ones to program will require a higher level of communication and input as to nutrition outcomes from successful interventions in the field. Bread for the World Institute supports a recommendation, outlined by the Tufts study and the Chicago Council on Global Affairs,[23] to form a new interagency committee co-chaired by USDA and USAID. This committee would be responsible for reviewing field input, approving new food aid products, arriving at policy recommendations, and seeing that all food aid stakeholders' interests are represented. Obtaining field data, analyzing it, and quickly making recommendations is the key. Food aid, by definition, is being delivered mainly in fluid emergency contexts. Therefore, product mix decisions should be able to be made 'on the fly,' rather than over the course of an entire program year—or longer—as is now the case.

Similarly, nutrition outcomes from ongoing feeding interventions will have to be reported in a timely manner if existing policies are to improve. Better reporting will facilitate a results-oriented dialogue among stakeholders and improve future programming considerations. Surprisingly, the current end-of-year reporting required of implementing partners does not include reporting on nutrition.[24]

A simplified report on individual country, region, or district nutrition outcomes would be a way to provide timely information on program successes and the modifications needed to meet varying program objectives (e.g., results in targeted populations, or with specific products).

To minimize burdens on field staff, the report can be designed to be as administratively simple as possible. Completed reports should be sent to all country food aid stakeholders and made available on the Internet as a common information source. Headquarters staff can then make program adjustments without waiting for end-of-year reports, after action reviews and other studies that can be delayed.

Outside expertise on nutrition is widely available; the recommended, new interagency food aid coordination group should consult specialists as needed. As Feed the Future programs with nutrition components continue to be implemented, closer cross-sector communication will be required. Many nutrition experts are currently working in global health programs—often on staff at USAID and with implementing partners—who can facilitate dialogue in specific areas of expertise.

Best practices and country policies developed in the context of the SUN movement should also be brought into the discussion. This is especially relevant when the nutrition approaches of national civil society organizations can be complemented by effective use of food aid programs. Input from these groups that leads to improved programming is an essential element of "country-led development."

Conclusion

Good nutrition is a basic building block of life. Nutrition is an important element of nearly all U.S. government development assistance initiatives, including Feed the Future and the Global Health Initiative. The importance of nutrition is well documented by a growing body of scientific data and supporting analysis. The success and sustainability of development programming depends on improving nutritional outcomes in women and young children. Food aid is an essential tool in this effort.

Kim Haughton/Concern

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