



GLOBAL HEALTH

NUTRITION LEGACY



Save the Children
100 YEARS

May 2019

OUR NUTRITION LEGACY

INTRODUCTION

For more than 25 years, **Save the Children has been a global thought leader in designing and implementing large-scale nutrition programs in both development and humanitarian contexts.**

Taking an integrated, community-based approach to addressing the interrelated and multi-sectoral causes of malnutrition, we are widely recognized for effective interventions that improve maternal, infant and young child nutrition. Specifically, this includes a focus on improved maternal, infant, and young child nutrition (MIYCN) approaches in the first 1,000 days (from conception to age 2) among the most vulnerable populations, alongside a focus on strengthening linkages between communities and health services, female empowerment, research and learning, emergency nutrition, and advocacy at all levels. Our commitment and focus on learning in more than 20 countries over nearly three decades has led to the use of innovative and evidence-based processes resulting in improved practices in optimal breastfeeding and appropriate complementary feeding and the integration of nutrition-specific activities with nutrition-sensitive agriculture, livelihoods, Early Childhood Care and Development (ECCD) and Water, Sanitation and Hygiene (WASH). We have tested Social and Behavior Change Communication (SBCC) methods that go beyond individual behavior change and lead to changes in social norms that support women. **Our efforts have contributed to reductions in child malnutrition**, enabling children to have the opportunity to grow and develop to their full potential.

100 YEARS OF CHANGE FOR CHILDREN

Save the Children has long been on the leading edge of global progress for children. In commemoration of our 100-year anniversary in 2019, we looked back to capture our legacy in three key areas of global health where we have focused our efforts: **Community Health, Newborn Health, and Nutrition.** To do this, we reviewed and documented our impact on women, children and their communities through our global achievements, leadership roles, key contributions, and program learning and results. After a century of progress, our bold ambition for children is clearly within our sights, and we hope to leverage our learning and experience in these critical areas of global health over the past 20 years to continue the unfinished work that lies ahead.

HISTORIC OVERVIEW OF NUTRITION AND OUR RESPONSE

For decades, the global community focused on child malnutrition as part of both development efforts and humanitarian response. In earlier years, there was more attention paid to a child's weight. In the 1970s, focus shifted to both a child's weight and height, and the cross-tabulation of these measurements, with recognition that this provides different information to assess a child's nutritional status.¹

In **Ethiopia**, Save the Children provided cascade training to more than 5,000 community health volunteers on optimal child feeding practices through collaboration with the *LINKAGES* project.

¹ Waterlow, J.C. "Note on the assessment and classification of protein-energy malnutrition in children." *The Lancet* 1973; 2:87-9.



A mother breastfeeds her child in Chinhacanine, Mozambique.

In the 1990s, Save the Children achieved a **global breakthrough for the recuperation of appropriate weight-for-age for children in the local community setting through the Positive Deviance/Hearth model**. The positive and sustained impact of this approach was well researched and documented.² Positive Deviance Inquiry, an approach to identify those behaviors successfully in use in the local context, is a key method of formative investigation that we spearheaded and continue to use to inform project design.

We were an **early promoter of the benefits of breastfeeding in all programming**, some funded through multiple USAID Child Survival and Health

Grants, starting in 1985. We were also a key collaborator with the well-respected global **LINKAGES Project** (1996-2006), which provided compilations of relevant research and evidence, along with technical assistance and training, on the best breastfeeding and complementary feeding practices through large-scale extended efforts in six countries.

Also during the earlier years, nutrition interventions focused on children under age 5 in support of global efforts to reduce under-5 child mortality. Over time, new research provided insight into the critical aspect of nutrition for optimal child cognitive, motor and physical development during the first 1,000 days of life, and the long-term negative consequences for those children who are stunted.³ **Save the Children's focus on the first 1,000 days ensures that children have the best chances of surviving, growing and developing to their full potential.** A focus on the first 1,000 days also highlights the importance of maternal nutritional status at conception and, in particular, the nutritional status of adolescent girls.

With the change of focus from children's weight to children's height, programs shifted some strategies, along with indicators for monitoring and evaluation. A special series on nutrition in *The Lancet* in 2008 emphasized that effective interventions are readily available to reduce stunting.⁴ A follow-on series in 2013 noted the importance of nutrition-sensitive multi-sectoral interventions and a need to assess their effectiveness.⁵

With the start of the 21st century, a global breakthrough for the treatment of acutely malnourished children (i.e., low weight-for-height or wasting) within the local community setting was developed using ready-to-use therapeutic foods (RUTF) and medical treatment on an outpatient basis. Save the Children helped to **test, document and disseminate results from the implementation of this approach, known as Community-based Management of Acute Malnutrition (CMAM)**, contributing to its recognition and sanction by the World Health Organization (WHO) in 2007.

By 2011, the global percentage of underweight and stunted children decreased from levels recorded in the 1990s. However, the change in trend is too slow considering the negative consequences to child growth and development. Of additional concern is that although only half of children under age 5 live in lower-middle income countries, two-thirds of all stunted children and three-quarters of all wasted children live there. In addition, concern is growing about the increase in the global percent of children that are overweight, with a 54% increase from the 1990s.⁶ Save the Children has been a key contributor to important reductions in child malnutrition, but much work remains to ensure that every child survives and achieves their full potential.

2 *Food and Nutrition Bulletin*, vol. 23, no. 4 (supplement), 2002; The United Nations University.

3 *Alive & Thrive Technical Brief Issue No.2*, September 2010.

4 *The Lancet*, vol. 371, February 2, 2008.

5 *The Lancet*, vol. 382, August 3, 2013.

6 UNICEF/WHO/WB Group *Joint Child Malnutrition Estimates, Levels and Trends in Child Malnutrition 2012*.

KEY STRATEGIES AND EVIDENCE OF IMPACT IN DEVELOPMENT PROGRAMMING

For Save the Children, **Our 2030 Ambition** is to ensure: 1) that no child dies from preventable causes before their fifth birthday; 2) that all children learn from a quality basic education; and 3) that violence against children is no longer tolerated. This includes a commitment to reaching the most deprived and marginalized. With poor nutritional status a major underlying cause of child mortality, **our programs have long focused on evidence-based interventions to improve MIYCN**. Building on community-based strategies to ensure equity, we increase demand for available nutrition services while also changing social norms and individual behaviors for optimal nutrition practices in the family.

Partner of Choice in Global Nutrition Programs

Save the Children has been a key partner of choice in many global nutrition programs, including:

- The USAID-funded **SPRING (Strengthening Partnerships, Results and Innovations in Nutrition Globally) project** (2011-2018), an important seven-year collaboration led by John Snow, Inc. Through **SPRING**, we helped develop crucial global tools and guidance on how to better collaborate across sectors and design, implement and monitor nutrition-sensitive agriculture activities to improve nutrition outcomes. We also contributed to successful country results in Bangladesh, Burkina Faso, Ghana, the Kyrgyz Republic, Niger and Nigeria, on community-based SBCC; strengthened service delivery; MIYCN counseling and support groups; multi-sectoral nutrition programming; and expanded programming for WASH. As of 2019, we continue to support this partnership through the follow-on **USAID Advancing Nutrition project**.
- The multi-year **Alive & Thrive initiative** (2009-2014) funded by the Bill & Melinda Gates Foundation and other donors which contributed, for example, to a 20 percent increase in minimum dietary diversity for children in Ethiopia. The initiative also showed the synergistic impact of using harmonized interpersonal counseling, mass media, and community mobilization strategies in Vietnam.⁷
- The USAID Food for Peace-funded **TOPS (Technical and Operational Performance Support) program** led by Save the Children (2010-2019) strengthened program design, delivery and evaluation, and supported the global dissemination of effective strategies in agriculture, commodity management, gender, nutrition, and monitoring and evaluation. We are now implementing a TOPS Associate Award (2018-2023), focused on WASH approaches and the integration of WASH with nutrition and food security, and we lead the follow-on **IDEAL project** (2019-2023).

Improved Maternal, Infant and Young Child Nutrition and the First 1,000 Days

Save the Children's community-based approaches to improved MIYCN in the first 1,000 days focus on **community mobilization and the strengthening of community capacity-building systems**. We have a comprehensive approach to promote, protect and support adequate infant and young child feeding (IYCF). We have long been a global leader in effective SBCC strategies for improved MIYCN and contributed to strengthening the skills of Frontline Health Workers (FHWs) in inter-personal counseling and group facilitation. We also provide support for the design and implementation of country national action plans in multi-sectoral nutrition programs, primarily

⁷ Purnima Menon, et al. "Impacts on Breastfeeding Practices of At-Scale Strategies That Combine Intensive Interpersonal Counseling, Mass Media, and Community Mobilization: Results of Cluster-Randomized Program Evaluations in Bangladesh and Viet Nam." *PLOS Medicine*, October 25, 2016.

through integration of MIYCN nutrition-specific interventions with nutrition-sensitive agriculture, livelihoods and WASH interventions in countries located in diverse regions of the world.

One example of Save the Children's ability to continuously build on improvements towards optimal IYCF practices comes from a **Child Survival project in Tajikistan** (2002-2007), followed by a short-term food assistance project (2008-2009). With little progress at midterm, the project identified barriers and enabling factors for exclusive breastfeeding and redesigned the SBCC strategy. The final evaluation found 93% of mothers to report exclusively breastfeeding children. In the short-term food assistance project, the focus shifted to the quality of care by birth attendants, resulting in an increase in early initiation of breastfeeding.



Prior to 2007, when a global working group reached consensus on indicators, recommendations for the complementary feeding of children from age 6 to 24 months were not as well defined as recommendations for optimal breastfeeding. Save the Children **child survival projects** promoted timely introduction and continued or increased feeding during illness. Examples include: a project in Guinea (2002-2006) that resulted in an increase from 33% to 52% of mothers introducing complementary food at six months, and SBC strategies in Afghanistan (2003-2008), which led to an increase from 27% to 69% of mothers continuing to feed children the same or more food during periods of common childhood illness.

Mothers interviewed report they had learned that children should be fed porridge that is “thick not thin” and by “spoonful after spoonful.”

-Save the Children Honduras (2005-2009)

After participating with other stakeholders in reaching consensus on indicators⁸, Save the Children quickly put the broader guidance on complementary feeding into practice. Our **development food assistance project in Honduras** (2005-2009) showed a significant reduction in child stunting (30.7% to 15.6%). One important

contribution to this achievement was a more than 40 percentage point increase in caregivers introducing appropriate and diverse complementary foods at 6-8 months.

We also include a focus on maternal nutrition and breastfeeding in activities that strengthen antenatal care (ANC) and post-natal care (PNC). A study published on work in Egypt through the **Smart Choices for Healthy Living (SMART) project** (2011-2014) to promote ANC and PNC visits by CHWs found significant increases in the percent of pregnant women consuming the recommended minimum of 90 iron-folic acid tablets while pregnant.⁹

Nutrition and Integrated Approaches with Support for Vulnerable Households

The World Bank has called for an increase in the integration of nutrition-sensitive interventions into programs that aim to reduce child stunting.¹⁰ Save the Children takes a community-based approach to nutrition, integrating activities across different sectors, including health, WASH, ECCD, livelihoods and social protection. **Our integrated**

8 *Guiding Principles for Complementary Feeding of the Breastfed Child*, PAHO, Washington DC, 2003.

9 Brasington, Angela et al. “Promoting Health Behaviors among Egyptian Mothers: A Quasi-Experimental Study of a Health Communication Package Delivered by Community Organizations,” *PLOS ONE*, March 18, 2016.

10 Alderman, Harold. Nutrition Sensitive Social Protection Programs: How can they help accelerate progress in improving maternal and child nutrition? The World Bank, December 4, 2013.

nutrition, agriculture, and food security projects increase availability, access to and utilization of nutritious foods, along with sustainable income generation activities through a number of innovative diverse approaches. These projects include nutrition-sensitive SBCC activities with male and female smallholder farmers, agricultural extension agents, community leaders and government actors. Two recent large-scale projects we led are key examples of successful integrated strategies:

- **Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE) project** in three target regions of Ethiopia (2011-2016) helped to decrease child stunting by as much as one-fifth, increase the initiation of breastfeeding within the first hour after birth by more than half, and increase the percentage of children with minimum dietary diversity by one-third. The percentage of pregnant and lactating women meeting recommendations for dietary diversity also improved, particularly among those households that participated in homestead gardening.
- The integrated nutrition **Suaahara project** in Nepal (2011-2016) had three levels of interventions at scale in 41 of Nepal's 75 rural districts, reaching 625,000 households. *Suaahara* trained and supported a diverse cadre of FHWs to improve service quality. The core package of SBCC activities focused on MIYCN, maternal and child health, family planning, and WASH, and included community mobilization, interpersonal communication (small groups and home visits) and a multi-channel mass media. With a crosscutting focus on gender and social inclusion, the project targeted vulnerable disadvantaged groups that had some of the worst maternal and child nutritional status in the country. Disadvantaged groups received additional support for home gardens, poultry and latrine construction. Improvement in almost all nutrition (and WASH) indicators occurred, including early initiation of breastfeeding, exclusive breastfeeding to 6 months of age, introduction of animal source foods at 6 to 8 months of age, feeding extra food/fluids during illness, and more. Results showed that women in the target areas had much more exposure to key messages and contact with FHWs than those in the comparison area. Importantly, women from disadvantaged groups had similar exposure as women from non-disadvantaged groups.¹¹

To address the direct and underlying causes of undernutrition, the **ENGINE project approach** was multi-sectoral and worked at all levels – from individuals and households up to the national level:

- At the household level, pregnant or lactating women with young children received IYCF counselling. Very vulnerable households were also taught homestead gardening and animal husbandry.
- At the community level, *ENGINE* used radio programming, worked with religious leaders, and held Enhanced Community Conversations that engaged community members in discussion about IYCF and how family and gender dynamics influence diets.
- *ENGINE* improved education for health and agricultural workers by strengthening the nutrition curriculum and instructors' teaching skills, and trained nearly 30,000 frontline workers for quality services.
- *ENGINE* built nutrition capacity within the government and worked with government partners to advocate for, develop, and implement policies supportive of positive nutrition practices.

Strengthening the Continuum of Care between Communities and Health Services

Save the Children is a pioneer of the **Household to Hospital Continuum of Care Approach** within its maternal and newborn health interventions, scaling up this strategy to link households, communities, health centers, and district and provincial hospitals in Vietnam (2008-2012). Within child health and nutrition activities, Save the Children also links community volunteers and local health services.

11 2017. Kenda Cunningham, et al. *Suaahara in Nepal: An at-scale, multi-sectoral nutrition program influences knowledge and practices while enhancing equity*. *Maternal Child Nutrition* 2017; e12415; DOI 10.1111/mcn.12415.

In the three-year project in Mozambique:

- 578,803 adolescent girls and 514,797 pregnant and lactating women received iron-folic acid supplements
- 582,825 children aged 6-24 months received micronutrient powders

End of Project Report, World Bank, January 2018

In Mozambique, we implemented the Community Based Nutrition component within the **Health Services Delivery project** funded by The World Bank (2014-2017) in Nampula province. We provided training and supportive supervision to a cadre of community volunteers who conducted weekly nutrition education sessions with pregnant and lactating mothers, monthly growth monitoring and promotion for children under age 2, and monthly education sessions with adolescent girls. Community volunteers distributed nutrition

supplements to strengthen health facility outreach at the community level.

As a key partner in USAID-funded global projects such as *SPRING*, Save the Children has supported the institutionalization of **essential nutrition actions** along the continuum of care in multiple countries. We also contributed to the global dialogue in support of baby-friendly initiatives, along with directly assisting 20 health facilities in the Kyrgyz Republic to attain certification as baby-friendly hospitals.¹²

An important component within the continuum of care is the strengthening of health care systems through **quality improvement (QI) interventions**. Save the Children, through the *SPRING* project, fostered the institutionalization of on-the-job supportive supervision and mentoring systems among 281 health facilities in the Kyrgyz Republic, which staff credit for improvements in the quality of nutrition counseling services. The *ENGINE* project in Ethiopia built off the Ministry of Health's QI framework to introduce a continuous on-the-job learning, skill building and monitoring of service performance approach for nutrition services. In one example at Loya Health Center, QI processes resulted in an increase from 12% to 94% of children receiving zinc as part of treatment for diarrhea.

Women's Empowerment and Maternal and Child Nutrition

Save the Children's nutrition programming centers around the philosophy that to achieve improvements in maternal nutrition (for their own benefit, along with that of future offspring), **women need to be empowered to demand and negotiate for access to nutrition services, power in household decision-making processes, and income-generating opportunities.**

The *ENGINE* project in Ethiopia included a strong formative research component on gender and maternal nutrition and multiple actions to increase gender awareness, including:

- Dissemination of findings at all government levels to influence the policy environment;
- Strengthening of a gender-focused component of training materials for FHWs; and
- Introduction of *Enhanced Community Conversations* to support inter-couple communication on optimal maternal and child nutrition practices.

The project evaluated an indicator of women's malnutrition (low body mass index, BMI) and found a decrease of 6% to 9% in the three target areas, along with an average increase in women's dietary diversity of 25%.

The integrated food security and nutrition **LAHIA project** in Niger (2012-2018) used several strategies to change gender norms. This included women's savings and loan groups and small business enterprises, support for small ruminants and improved animal husbandry, identifying local Community Champions, and engaging men in Husbands' Schools to promote inter-couple dialogue in support of maternal and child health and nutrition.

¹² MCSP Nutrition Legacy, March 2017.



ENGINE project, Ethiopia

Interventions to attain positive gender impacts need to monitor and evaluate (M&E) the expected effect on empowerment. M&E activities within the **Jibon o Jibika Project** in Bangladesh (2005-2010), where child stunting reduced, demonstrated by project end a greater degree of decision-making and improved status within the household for female beneficiaries.

Research and Learning

Save the Children's programs are grounded in evidence-based design, implementation and evaluation, and **we use learning to drive our innovation and success**. We have extensive experience managing techniques such as barrier

analyses, gender assessments, randomized controlled trials, and process evaluations.

The **ENGINE project** in Ethiopia included a particularly robust system of monitoring, evaluation, and research activities to assess the impact of its integrated interventions on MIYCN behaviors and outcomes. These assessments produced evidence for the effectiveness of the project's activities and informed the development of context-specific solutions. The follow-on **Growth through Nutrition project** (2016-2021) will continue to benefit from, build upon, and continue the learning agenda.

We have an ongoing partnership with the Feinstein International Center of Tufts University in support of operational research on the factors that affect the quality, quantity and access that children have to nutrient-dense animal milk, a well-known staple, across all seasons in pastoral/semi-pastoral areas of the Horn of Africa. The goal of the **Milk Matters: Improving the Health and Nutritional Status of Children in Pastoral Communities project** is to assist us in identifying preventive strategies that can improve nutrition resilience, even during frequent periods of drought, through improved livestock health and milk availability for children. After assessment, Save the Children scaled up the program's evidence-based interventions to 16 additional districts of the Somali region of Ethiopia.

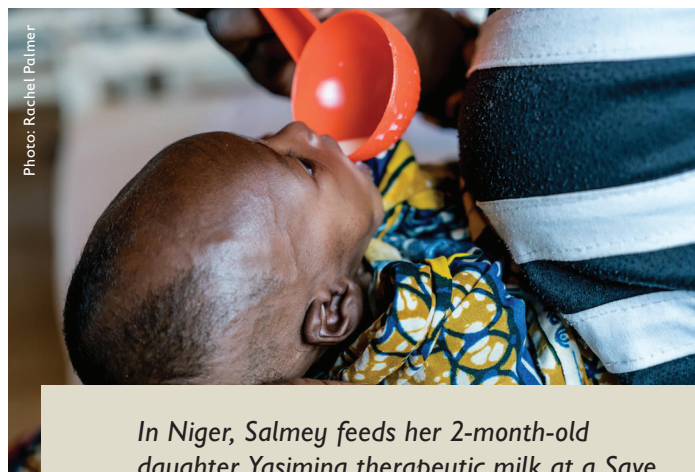
In the late 1990s, we were recognized as a global leader in the development and use of **Positive Deviance Inquiry** (PDI) in formative research to develop strategies to address malnutrition, considered by nutritionists to be a unique technique that is especially useful for the development of successful nutrition approaches and which continues to inform our project design. In our **development food assistance program** in Bolivia (2002-2008), PDI was done to identify factors that motivate parents to change behaviors. The program achieved a reduction in child stunting with improvement in most indicators of optimal MIYCN. Recently, PDI was conducted with adolescents in an urban area of Indonesia to identify positive nutrition practices contributing to the prevention of anemia.

EMERGENCY NUTRITION IN HUMANITARIAN RESPONSE

In the immediate aftermath of a disaster or conflict, and throughout the transition from emergency response to sustainable development, Save the Children facilitates the rapid delivery of evidence-based and innovative nutrition interventions among the world's most vulnerable populations. **We focus on protecting, promoting and supporting safe and appropriate IYCF practices in emergencies as one of the most effective means of preventing mortality and improving child outcomes.**

With our support, the identification and treatment of acutely malnourished children is widely used in humanitarian settings. It has also evolved for use in development contexts, especially where there is persistent acute malnutrition or frequent seasonal spikes. **We are recognized as among the global leaders in CMAM** implemented in emergency settings since 2003, ensuring that treatment with RUTF is available to children on an outpatient basis close to home. We implement CMAM programs in roughly 20 countries per year, assisting governments to develop national protocols.

Displacement, insecurity, lack of privacy and poor access to adequate nutrition often undermine infant and child feeding practices. Since 2013, Save the Children has leveraged its strengths in the treatment of acute malnutrition and IYCF-E (in emergencies) to address service gaps for the most vulnerable children and to save infants' lives, but we still need innovation to design effective and scalable treatment solutions. Treatment for Management of At-risk Mothers and Infants (MAMI) is only available inpatient, which poses potential health, social, and economic consequences for both the caregivers and the child. We actively contribute to an evidence base for the efficacy of community-based, outpatient services for MAMI, similar to the CMAM program for older children.



In Niger, Salmey feeds her 2-month-old daughter Yasimina therapeutic milk at a Save the Children-supported clinic to treat her malnutrition.

ADVOCACY FOR NUTRITION AT GLOBAL, NATIONAL AND LOCAL LEVELS

Save the Children works to ensure worldwide awareness of the nutritional needs of vulnerable women and children. Our advocacy team coordinates with stakeholders to leverage efforts to promote continued commitment to nutrition by the U.S. government and global leadership, and our country offices are active supporters and leaders of country-led processes focused on achieving the Sustainable Development Goals (SDGs) relevant to improved nutrition and the elimination of hunger.

Global Advocacy

Our global advocacy contributes to the nutrition agenda through building our thought leadership and ensuring the global visibility of the importance of nutrition-specific interventions within the food security and maternal and child mortality agendas. Some highlights include:

- Helping to lead the *U.S. Coalition for Child Survival* in 2002, a broad coalition of partners that provided strong advocacy to the U.S. Congress to budget international assistance for infant and child nutrition.
- Leading up to the G7 Summit 2012, producing a report and hosting a roundtable at which 15 collaborating agencies reviewed the need for nutrition-specific interventions in food security, which the U.S. government included in the agenda resulting in a commitment to address child stunting.
- Hosting a meeting of the Chief Executive Officers of partner organizations and the head of USAID, which initiated the planning for a USAID Multi-Sectoral Nutrition Strategy 2014-2025 with committed resources. Save the Children and other key stakeholders provided input to the development of the strategy.

- Publishing an annual *State of the World's Mothers* report from 2000 to 2015, with the 2012 edition focusing on Nutrition in the First 1,000 Days and the 2014 edition focused on Saving Mothers and Children in Humanitarian Crises.

As the Millennium Development Goals advanced to become the SDGs, we led a sub-working group focused on SDG2 to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture. This is part of advocacy efforts to build awareness, particularly among economists, of the need for nutrition program funding.

National and Local Advocacy

Save the Children works closely with national ministry stakeholders, convening representatives of the implementing community and policy makers to promote awareness of the effective strategies field-tested by the development community. For example, an external final evaluation of multiple USAID *Child Survival and Health Grant programs* in 2011 noted that, in Malawi, we not only **influenced the national roll out of integrated maternal and newborn care (IMNC)**, but also expanded the **Kangaroo Mother Care (KMC)** approach with the revision and integration of KMC guidelines into IMNC guidelines.¹³ Through the *SPRING* project, we also helped the Ministry of Health in the Kyrgyz Republic to finalize technical guidelines on anemia and presumptive iron-folic acid supplementation for all pregnant women.

Scaling Up Nutrition (SUN) is a movement to strengthen political commitments and accountability for nutrition support focused on the first 1,000 days of a child's life, which has several important networks, such as the SUN Donor Network. We lead the SUN Civil Society Network in several countries, including Bangladesh, Laos, Ethiopia, Zambia and Zimbabwe, and are an active participant in all countries.

Save the Children has also long been recognized for the strength of its community mobilization approaches. Recently, the [innovative use of video](#) helped to capture community mobilization in support of the National Nutrition Plan from the *SPRING* community nutrition activities in southwest Uganda.

THE UNFINISHED AGENDA

High-priority areas in our next three-year nutrition strategy (2019-2021) for developing program models are:

- To address the needs of children living in rapidly urbanizing environments;
- Target outside the 1,000 days window of opportunity;
- Generate evidence for new approaches; and
- Deliver efficacious interventions to scale.

Pre-conception Period and Adolescent Nutrition

Nutrition is important to health and well-being throughout the life cycle. Adolescent girls are an important target group for combating malnutrition because of the role they play in the intergenerational malnutrition cycle. Evidence suggests that interventions aimed at adolescent girls and designed to maximize growth and development and reduce anemia, coupled with delay of first pregnancy, can have a marked effect on the size and health of their future children at birth.

¹³ USAID's *Child Survival and Health Grants Program: Highlights from Final Evaluation in 2011*; Maternal and Child Health Integrated Program, JHPIEGO and partners; Washington DC; 2011.

Save the Children will explore platforms to improve the nutritional status of adolescent girls so that, when marriage and pregnancy aren't delayed, they will have the maternal nutritional stores to handle the stress of pregnancy, leading to a reduction in low birth weight babies and successful lactation. Building on experience with PDI and formative research on nutrition-related practices, relationships of influence, and decision-making with parents, we have identified key positive behaviors and platforms to reach adolescent girls with nutrition programming. More formative research is needed to fully understand adolescent eating patterns in both urban and rural contexts. The critical importance of the delay of first pregnancy means that nutrition approaches must be integrated with approaches that help keep girls in school, and with our integrated approach to adolescent and youth sexual and reproductive health.

Integrated Nutrition and WASH

Emerging evidence highlights the importance of WASH in relation to improved nutrition. Through **our signature Clean Household Approach (CHA)**, Save the Children has increasingly included the Essential WASH Actions for nutrition in our nutrition programs. The CHA utilizes effective behavior change, marketing and policy strategies to promote household behaviors that reduce the risk of childhood diarrheal disease, soil-transmitted worm infections, and the effects of environmental enteric dysfunction. Our work in WASH integrates seamlessly with SBCC programming and leverages market systems by engaging the private sector as a development partner. Results from ongoing programming in diverse countries such as Burkina Faso, Cambodia, Guatemala, Mali and Niger are promising. Key questions for further research are pertinent as to which WASH interventions, or combination of interventions, impact child nutrition and to what degree these conditions and practices are drivers of child stunting. Opportunities to identify, test and measure interventions that block oral-fecal contamination pathways in children will support desired nutrition improvements.

Nutrition in Urban Contexts

For decades, malnutrition has been seen as predominantly a rural problem, but with rapidly increasing numbers of city residents living in poverty, it has become a significant urban issue. The 'double burden of malnutrition,' or the co-existence of undernutrition and overweight/obesity, is more prevalent in urban than rural areas. **Save the Children aims to adapt and develop urban-specific approaches to combating both forms of malnutrition.** These will require a better understanding of the urban context of malnutrition while identifying opportunities for integrating nutrition-focused interventions into urban health, social protection and other sector programs.

Strengthened IYCF in Emergency Nutrition for Humanitarian Response

During emergencies, the youngest children are the most vulnerable. Child mortality can soar up to 70 times higher than average. A focus on IYCF is among the most promising interventions to improve nutrition, reduce disease burden and potentially save 1 in 5 deaths in children under 5. Innovation is needed to design effective and scalable solutions to save infants' lives. Save the Children contributes to an evidence base for the efficacy of community-based, outpatient services for MAMI, similar to the CMAM program for older children, conducting research on the management of acute malnutrition in infants less than 6 months of age at the community level in Bangladesh since 2013 and, most recently, in the Rohingya response. **We are committed to IYCF-E programming as a standard and predictable response in every emergency,** ensured by practical, multi-sectoral and linked actions throughout every stage of a response and working collaboratively with our internal teams and relevant external bodies to deliver high-quality, timely, accountable and appropriate IYCF-E responses.



Save the Children believes every child deserves a future. In the United States and around the world, we work every day to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children's unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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