



# Program Guidance

## Engaging Family Members in Improving Maternal and Child Nutrition



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This guidance is based on the mixed-methods systematic review conducted by the following research team: Stephanie L. Martin, Juliet K. McCann, Emily Gascoigne, Diana Allotey, Dadirai Fundira, and Katherine L. Dickin.

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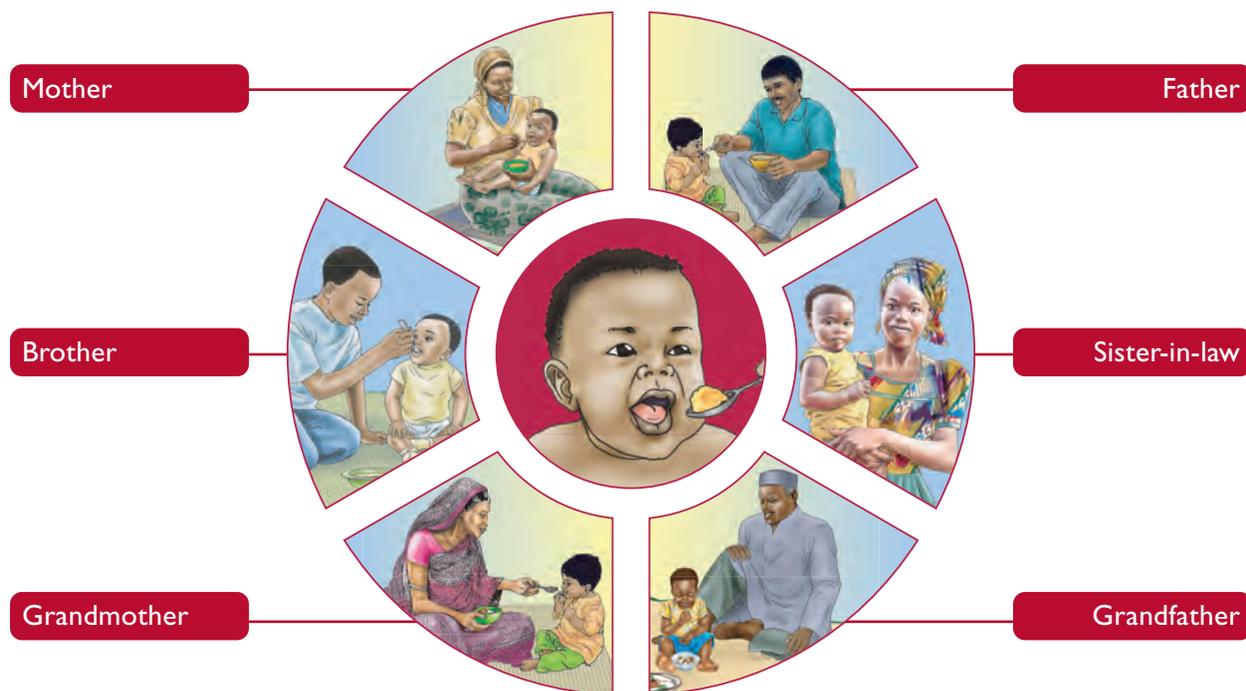
## How can this guidance help you?

This guidance translates research findings into practical recommendations for interventions that effectively engage family members in the care and feeding of children. You will find recommendations for engaging family members at key points in the program cycle in ways that support mothers and other primary caregivers and avoid negative consequences.

## Who is this guidance for?

This guidance is for program planners and implementers who seek to improve maternal, infant, and young child nutrition. It is intended to inform the design of social and behavior change (SBC) strategies, planning for a new or improved activity, and the adaptive management phase of a nutrition program.

## Engage the entire family system for improved nutrition



## Why engage family members in maternal and child nutrition?

Many nutrition and health interventions are targeted to mothers, who are typically the primary caregivers in the family. However, women, especially mothers, already experience disproportionately heavy workloads, restricted autonomy, and limited access to income and resources. Work is needed to ensure greater gender equity in the household, including the equitable division of labor, access to income and resources, and gender-equitable attitudes and beliefs about who provides child care. Recent global recommendations make the case for including fathers, grandparents, and other key family members in maternal and child nutrition programs due to their influence in decision-making about food access, household food distribution, maternal nutrition, and infant and young child feeding practices (WHO, UNICEF, and World Bank Group 2018).

Cornell University, the University of North Carolina, and USAID Advancing Nutrition assessed the peer-reviewed literature to summarize the effectiveness of interventions targeting family members to improve maternal and child nutrition. We have identified examples where engaging family members positively impacted nutrition practices and increased family members' knowledge of recommended feeding practices, while taking into account the limitations of some studies (Martin et al., 2020a).

# Steps in the Program Cycle

It is important to engage family members in maternal and child nutrition at the following points in the program cycle:



## 1. FORMATIVE RESEARCH



## 2. GENDER ANALYSIS



## 3. STRATEGY DESIGN AND IMPLEMENTATION



## 4. MEASUREMENT CONSIDERATIONS

The following steps for designing, implementing, and monitoring interventions that engage family members are informed by lessons from programs and research.

### 1. Formative Research

Conduct formative research to explore the context and behaviors leading to maternal and child nutrition outcomes and factors that prevent or support the behaviors. You can start by learning from mothers and their families what they want, what is feasible, and how family members currently support mothers, child feeding, and care. Speak with mothers and family members about whether the family system is willing and able to support maternal and child nutrition and how they might do that (for example, by providing child care or assuming some of the mother's other tasks). What you learn about family members' values, interests, and willingness to support will help to tailor your SBC strategy and activities to engage family members.

Your formative research should include mothers and family members who have a potential influence on maternal and child nutrition. Ideally, speak with mothers and family members separately to understand their motivations and perspectives, as well as their willingness and ability to support change in practices. When discussing gender norms, try to speak separately with men and women of different ages to avoid bias.

When asking participants about their own situation, behaviors, and beliefs, use formative research methods that allow for greater privacy, such as in-depth interviews and key informant interviews. Privacy is especially important when an individual's answers may offend other family members.



Group interview methods and focus group discussions are appropriate when asking participants about social norms and general beliefs. Finally, [trials of improved practices](#) are a participatory formative research approach to identify and test new practices and related barriers and supports. You can use the trials of improved practices approach to identify what each family member is willing and able to do in the context of their attitudes and resources.

Key questions to consider during formative research include:

- What are the cultural and social norms surrounding family members' involvement in infant and young child feeding and care? Do these norms differ for young/adolescent mothers and older mothers? How?
- How do family members support mothers with infant and young child feeding and care?
- How do mothers feel about the support they receive from family members? Would they like more support? From whom and in what ways?
- If they do not currently provide support, how willing are family members to support mothers with infant and young child feeding and care? What kinds of support are family members willing to provide to mothers?
- If family members are not willing to support mothers, what are the barriers?
- Which family members are the most influential in providing advice on infant and young child feeding and care practices? Are there differences for young/adolescent mothers and older mothers?

## 2. Gender Analysis

Using a gender analysis framework will help you to understand how your proposed activities may have different impacts on women and men. You may conduct gender analysis as part of formative research or as a separate step.

During gender analysis, you will explore two key questions:

1. How will the different roles and status of male and female family members affect the results of your intervention (e.g., family members' willingness and ability to provide support to mothers)?
2. How will the anticipated outcomes of your intervention differ for male and female family members (e.g., how will mothers' workload, time, and power be influenced by family support, how will grandparents and fathers be affected)?

Using a gender analysis framework, such as the one developed by the [Interagency Gender Working Group](#), will enable you to understand and address gender-related constraints and opportunities for familial support of mothers and other primary caregivers.

You may identify gender-related opportunities for family support of mothers, including positive values, norms, and knowledge related to complementary feeding. Consider how your intervention and activities can build on these supportive factors. For example, supportive gender norms for complementary feeding include grandmothers' traditional role as caregivers and fathers' identity as providers for the household. Your intervention and activities can build on these positive norms by equipping grandmothers with information about recommended child feeding practices and encouraging fathers to purchase nutrient-rich foods for complementary feeding.

Your gender analysis may also reveal gender-related constraints that could affect the results of the intervention. As you design your strategy and activities, consider how to overcome these barriers. For example, gender roles often result in women having a disproportionately high burden of household labor, which limits the time they have for feeding and caregiving. Identifying household tasks that family members are willing to share can reduce mothers' overwhelming workloads.

During this step, be mindful of how gender roles and norms for men and women often change throughout the life cycle and adapt your intervention accordingly. For example, adolescent mothers often have less decision-making power than older mothers. Interventions can encourage family members to be advocates and supporters of adolescent mothers, rather than limiting their autonomy and ability to make decisions about child feeding and care.



USAID's Interagency Gender Working Group developed a framework for gender analysis that uses six central domains to collect and organize information on gender-related factors. The six domains of gender analysis are:

- access to and control over resources
- knowledge, beliefs, and perceptions
- practices and participation
- time and space
- legal rights and status
- power and decision-making.

Source: Interagency Gender Working Group [IGWG]. 2017. *CORE Gender 101 Training*.

### Gender-Transformative Approaches

For interventions that aim to engage family members, addressing gender norms, women's empowerment, and family communication and dynamics can result in larger and more sustainable impacts on maternal and child nutrition practices (Doyle et al. 2018; Heckert, Olney, and Ruel 2019). In some contexts, engaging fathers in caregiving and nutrition practices may require shifts in gender norms. Promoting gender equity through community sensitization and gender transformative practices can help to increase family members' support for mothers. Gender transformative programming does not work within existing gender norms and roles, but addresses the root causes of gender inequities, including power imbalances. These practices can have additional benefits for women, children, and their families, as the shift away from inequitable gender norms leads to increased women's empowerment and decision-making ability.

## 3. Strategy Design and Implementation

Equipped with your formative research and gender analysis findings, the next step is to design an SBC strategy and activities to engage family members in supporting maternal and child nutrition. Your intervention design should reflect a logical pathway that connects the **desired behavior** to the **factors** that prevent or enable the behavior, the **person** who will take the supporting action, and the **intervention activities**.

You do not need to limit interventions engaging family members to the health sector. Interventions and activities can be implemented across sectors, including agriculture; water, hygiene, and sanitation; parenting and early childhood development; community development; and humanitarian programming. Consider how your intervention will complement existing approaches that address maternal and child nutrition (e.g., ensuring the availability, affordability, and quality of services and healthy and appropriate food). Describe in your SBC strategy how these approaches will reinforce each other to achieve the desired outcomes.

When developing your SBC strategy and activities to engage family members, consider the following, while not losing sight of the supports mothers want and from whom:

### Participant Groups

Your SBC strategy will include at least two participant groups, mothers (or other primary caregivers) and family members, and may include other groups like community leaders or health workers. Whether you consider family members a primary or secondary/influencing group, it is critical to include them.

During formative research and gender analysis, you identified family members who are influential in maternal and child nutrition and are willing and able to support mothers. Although fathers and grandmothers are often targeted as family members to support mothers, your target group may include older siblings, uncles and aunts, grandfathers, or other family members.

## Types of Support

Family members can support mothers in a variety of ways. There are three main types of support: instrumental, emotional, and informational. However, the strategies you use to engage family members should not diminish mothers' autonomy or areas of influence (e.g., in the household, in child feeding and care).



**Instrumental support** is when family members provide tangible items or services to support mothers. Examples include supplying food, helping with chores, and providing child care.

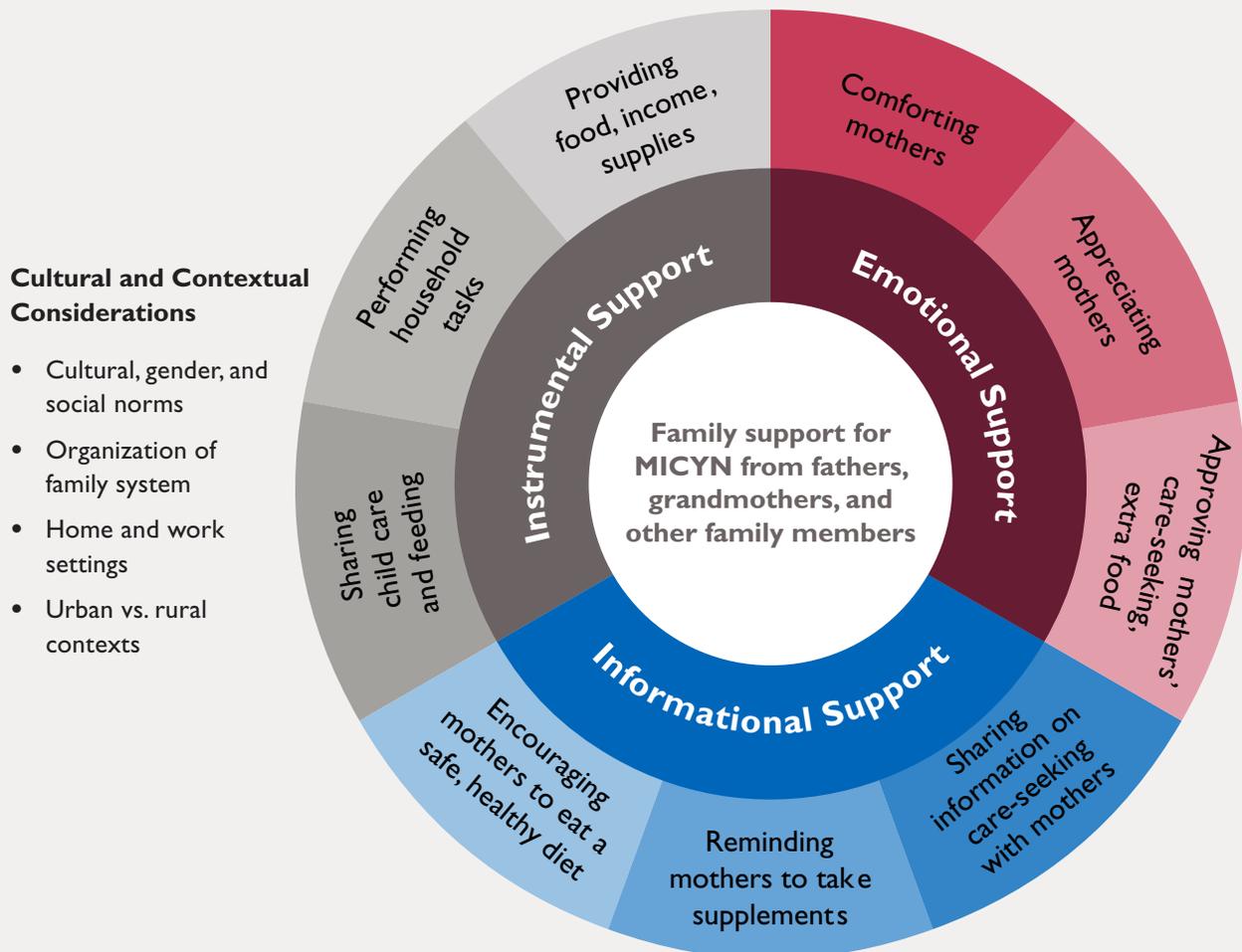


**Emotional support** is when family members help mothers feel loved and cared for. Examples of emotional support include encouraging and reassuring a breastfeeding mother by expressing confidence in her care and feeding of her child.



**Informational support** is when family members share information, guidance, and advice with mothers. Examples include providing information about infant-feeding recommendations, reminding mothers to take micronutrient supplements, and encouraging mothers to eat a variety of safe, nutrient-rich foods during pregnancy and lactation.

## Illustrative support actions for mothers or primary caregivers



## Intervention Examples

Identify your approach to engaging family members based on the results of your formative research and gender analysis (e.g., social and gender norms for the care and feeding of children, the support mothers want, the willingness and availability of family members to provide support, and how family members prefer to be engaged).

If your intervention aims to shift beliefs and norms related to family support, it may be more effective to reach the entire community through collective mobilization, mass media, or public recognition of positive role models/champions, rather than promoting changes in interpersonal communication to shift norms (see earlier sidebar on Gender Transformative Approaches).

Depending on your program's resources, consider activities that employ a variety of approaches in multiple settings. For example, to achieve greater effect and intensity, a program could launch a media campaign concurrent with community events and home visits. A review of interventions to improve breastfeeding found such multi-level, multi-component activities had greater impacts than interventions delivered to one segment of the population through a single channel (Sinha et al. 2015).

## Activities to Engage Family Members

Consider the following approaches to engaging family members in improving maternal and child nutrition:



**Facility-based interventions** use one-on-one or group interpersonal counseling to reach mothers and family members during delivery, antenatal care visits, or child health services.



**Community-based interventions** target mothers and family members either individually (through home visits) or in groups.



**Community mobilization** approaches reach the wider community through public forums, community discussion, and dynamic games and drama programs. Community mobilization activities to increase family support often address multiple nutrition topics and seek to influence social and gender norms.



**Mass media** approaches target communities through community loudspeakers and radio, television, and print media. The content may be targeted to specific family members.



**Digital** approaches, which reach mothers and fathers through telephone voice messaging, are often used as a follow-up to home visits or other intervention components.



**Other approaches** include school-based programs (encouraging children to support their mothers) and workplace interventions.



When determining your intervention's setting and activities, build on social and gender norms, tailoring the content and methods to family members' preferences. This approach increases the likelihood of family members' participation and engagement. For example, if men feel most comfortable discussing personal topics (e.g., breastfeeding, helping with household chores) with other men, rather than inviting men to participate in women's counseling visits or support groups, have a male educator/health professional speak with men about maternal and child nutrition and/or organize activities in men's preferred recreational setting.

## 4. Measurement Considerations

To understand the effectiveness of your intervention in engaging family members, you will need to embed monitoring and evaluation throughout program design and implementation.

### Selecting Indicators

To allow for easier comparison with national, regional, and global data, select standard indicators for intervention outcomes and impacts. Choose process indicators that monitor family members' involvement and support. When selecting indicators, assess changes such as family members' support for enhanced maternal nutrition knowledge, attitudes, practices, and growth outcomes, along with changes in family members' own knowledge, attitudes, and supportive practices. To assess change, measure outcomes before and after the intervention is implemented. Multiple measurement points allow for tracking progress over time.

Here is a list of possible outcome indicators, grouped by the subject of measurement:

- **Pregnant women:**
  - Changes in workload
  - Food intake
  - Adherence to iron folic acid and calcium supplementation
  - Number of food groups consumed
- **Lactating women:**
  - Breastfeeding initiation within one hour
  - Exclusive breastfeeding for six months
  - Timely introduction of complementary foods
  - Minimum acceptable diet
  - Awareness of breastfeeding best practices
  - Knowledge score of breastfeeding
  - Child feeding during and after illness
  - Infant's birthweight and subsequent weight gain
- **Mother (or other primary caregiver):**
  - Self-efficacy to ask family members for support and to educate family members
  - Perceived support from family members
- **Family members:**
  - Knowledge and attitudes about recommended practices for maternal and child nutrition
  - Self-efficacy related to providing support to the mother
  - Reported instrumental support provided to the mother
  - Reported informational support provided to the mother
  - Reported emotional support provided to the mother

## Monitoring and Unintended Consequences

During implementation, regularly monitor changes in outcomes, responses, and behaviors to know when and where to make adjustments to your strategy and activities. This includes monitoring process data related to family members' engagement in improving maternal and child nutrition, such as their attendance and coverage in program activities, as well as qualitative feedback on their involvement and perspectives. Monitoring should include process indicators that measure such issues as:

- attendance and coverage of family support interventions
- quality of implementation
- perceived benefits and experience of people implementing the intervention
- perceived benefits or negative consequences of family members' support
- acceptability of delivery approaches
- understanding of behavior change messages.



Monitoring is also important in preventing harmful unintended consequences from family engagement. Some previous studies on engaging fathers have reported negative effects from fathers' involvement, although these impacts were not widespread (Martin et al. 2020a). For example, some fathers used information they gained to dominate decision-making and pressure women to adopt behaviors. Collect and use process data on harmful unintended consequences that can be used, as needed, to change the course of the intervention mid-implementation.

## Research Design and Evaluation

If resources and scope allow, consider using a research design to compare the effects of the intervention with and without family support. In addition, implementation research will allow you to determine how to scale up effective approaches to engaging family members.

## Documentation and Learning

Allow for sufficient time and resources to document the results of your findings. In addition to sharing changes in behavior as a result of family involvement, be sure to record implementation details and process data to help inform future programs. In addition to writing up findings for external audiences to promote learning at local and national levels, involve stakeholders through participatory evaluation and/or the dissemination of evaluation findings.

## Program Example: Engaging Fathers and Grandmothers in Kenya



In Vihiga County, Kenya, the USAID-funded Infant & Young Child Nutrition (IYCN) Project, implemented from 2010 to 2012, aimed to improve maternal dietary, infant, and young child feeding practices in response to the fact that most children 6–23 months old did not consume a minimum acceptable or diverse diet. Using the socioecological model as a theoretical framework, the IYCN project engaged men and grandmothers in social support of mothers, resulting in a significant increase in the intervention areas in family members' support for complementary feeding and children's consumption of animal-source foods as opposed to the comparison area (Mukuria et al. 2016).

The project's formative research examined traditional roles and responsibilities (including gender norms and attitudes) and nutrition knowledge and practices among mothers, fathers, and grandmothers. The study team identified senior women as key influencers of household decisions related to maternal nutrition and complementary feeding. Grandmothers were found to strongly influence the food prepared and fed to young children. Fathers were found to play a supportive role, providing food for their children and the mother, as well as financial and logistical resources. The formative research and literature review informed the intervention strategies to reach fathers and grandmothers, including prioritized behaviors and entry points (Thuita et al. 2015).

To strengthen social supports and engage fathers and grandmothers in maternal, infant, and young child nutrition practices, IYCN designed key messages for fathers and grandmothers about complementary feeding practices, age-appropriate meal frequency, and the importance of animal-source food in children's diets. IYCN used separate peer dialogue groups for fathers and grandmothers to share information and experiences and reflect. Because fathers enjoyed discussing these topics during bazaars and community meetings, the program organized community events with public testimonies from mothers, fathers, and grandmothers about the importance of increased support for mothers. The events were endorsed by government officials and

representatives of community organizations. Additionally, IYCN held “fathers’ days” at local clinics to increase male understanding of and comfort with maternal and child health services (Thuita et al. 2015).

IYCN used a quasi-experimental study design to assess the effects of father and grandmother dialogue groups on increasing support for complementary feeding and improving mothers’ complementary feeding practices. The intervention arm engaged fathers and grandmothers in promoting improved nutrition practices in their households, as described above. Mothers were not included in the dialogue group activities, so IYCN was able to assess the impact of fathers’ and grandmothers’ knowledge and actions on feeding practices. In the comparison area, mothers received one home counseling visit from a community health worker and brochures with key messages, with no additional engagement of fathers and grandmothers. Halfway through the study, the study team conducted a process evaluation, which included in-depth interviews with dialogue-group peer mentors and participants. The process evaluation identified factors contributing to successful implementation, such as sufficient training, separating groups by gender, discussion guides, and strong supportive-supervision structures (Mukuria et al. 2016, Thuita et al. 2015).



The endline survey assessed grandmothers’ and fathers’ knowledge and provision of social support, as well as mothers’ knowledge, infant feeding practices, and receipt of social support. IYCN generated a social support index with two elements: mothers’ self-reported receipt of support and the provision of support as reported by grandmothers and fathers. In both intervention and comparison areas, mothers reported receiving family support. Mothers’ receipt of social support increased significantly more over time in intervention areas than in the comparison area. Over time, a higher percentage of mothers in the intervention areas reported giving their infants the appropriate foods consistently than in the comparison area. The provision of animal-source

foods increased significantly more in the intervention areas than in the comparison area. The study concluded that support from fathers and grandmothers positively influenced some infant and young child feeding practices, and that this approach constitutes a “promising intervention pathway for improving infant and child nutrition” in Kenya (Mukuria et al. 2016).

# Conclusion

There is substantial evidence that engaging family members leads to greater awareness of recommended maternal and child nutrition practices and often results in increased supportive attitudes and behaviors. Mothers who report support from family members have longer duration of exclusive breastfeeding and improved complementary feeding practices. Program implementers have a valuable opportunity to design interventions that increase families' support to mothers and family involvement in infant and child feeding and care.

Understanding existing beliefs and practices enables you to design interventions that are feasible and acceptable to families and communities. Interventions that go beyond simply providing information and engage family members in discussing and reconsidering traditional roles and practices related to child feeding and care can lead to more positive effects and may also have benefits for family relationships. Interventions promoting family engagement in maternal and child nutrition also provide an opportunity to negotiate the gender-based division of labor and responsibilities in households and communities. Gender-transformative programming is an opportunity to improve women's and children's health and nutrition and achieve more sustainable impacts than a one-time intervention or activity.

## **Recommendations for Engaging Family Members**

- Conduct targeted formative research to understand family roles and dynamics.
- Ensure that individuals are willing and able to adopt the recommended behaviors.
- Engage first-time expectant parents, both mothers and fathers.
- Build on existing values, norms, and roles.
- Counter harmful norms, roles, and power imbalances.
- Consider negative consequences and be alert to potential risks.
- Ensure that delivery approaches are acceptable and appropriate for family members.

# Resources

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