USAID/OFDA supported humanitarian nutrition activities in more than 20 countries during FY 2019, including Nigeria, Somalia, South Sudan, Sudan, and Yemen.
Building an Evidence Base on Relapse After Recovery From SAM

USAID/OFDA supports communities to respond to severe acute malnutrition (SAM) in humanitarian crises worldwide, providing lifesaving care. However, little is known about what happens after children are treated for SAM and why some children who successfully recover with treatment later relapse and become malnourished again. With nearly $2.2 million in FY 2019 funding, USAID/OFDA supported Action Against Hunger (AAH) to conduct a study in four countries in sub-Saharan Africa systematically tracking children after recovery from SAM in Community Management of Acute Malnutrition (CMAM) programs. Through the four research sites, AAH aims to quantify the prevalence of SAM relapse in each context and measure household factors—including water quality and food hygiene—to analyze the most significant factors contributing to relapse, generating valuable evidence to inform and improve nutrition interventions, ensuring acutely malnourished children are able to sustain recovery and improve overall health status.

Strengthening Global Capacity to Reduce Infant and Young Child Malnutrition

By applying global expertise on the best practices for breastfeeding and complementary feeding, humanitarian actors have the potential to significantly reduce child mortality in emergencies. However, translating this knowledge into practice requires concerted effort; in 2017, a UN World Health Organization study revealed that only 26 percent of the more than 160 countries reviewed included infant feeding in emergencies as a nutrition action area in national policy. Since FY 2016, USAID/OFDA has supported Save the Children Federation to strengthen global awareness and capacity in the field of Infant and Young Child Feeding in Emergencies (IYCF-E). With more than $800,000 in FY 2019, USAID/OFDA funding supported Save the Children Federation to continue to conduct national and regional trainings on IYCF-E and begin global capacity building on a new, under-emphasized technical area—preventing, identifying, and treating malnourishment in infants younger than six months of age.

Responding to Acute Malnutrition in West Africa

While governments and organizations worldwide use a variety of indicators to identify malnourished children at risk of death who require urgent treatment, the best way to use common nutrition indicators—such as stunting, wasting, weight-for-age, and mid-upper arm circumference—to identify and support these children is not fully understood. In 2014, USAID/OFDA began to support the Emergency Nutrition Network Wasting and Stunting Project to explore the relationship between indicators used to identify children facing malnutrition-related death. In FY 2019, the organization combined a review of existing studies and survey data with an operational study in Nigeria, working to provide the humanitarian community with invaluable, new guidance to support better coverage of treatment for the most vulnerable children.

Promoting Multi-Sector Approaches to Combat Malnutrition

While nutrition-specific interventions—for example, training on infant and young child feeding practices—are a critical aspect of emergency response, interventions in related sectors like food security, health, and water, sanitation, and hygiene can also significantly improve nutritional status, particularly when coordinated. In FY 2019, USAID/OFDA provided $300,000 to UNICEF to support the Global Nutrition Cluster—the coordinating body for humanitarian nutrition activities, comprising UN agencies, non-governmental organizations, and other stakeholders—to foster this crucial coordination between sectors to develop integrated approaches that effectively address acute malnutrition. USAID/OFDA-supported activities included developing and piloting a training package on integrating nutrition outcomes across sectors, conducting case studies on integration for nutrition outcomes in four countries, and training multi-sector teams to develop quality integrated nutrition responses in emergency contexts.

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