RESULTS
the power to end poverty

Global Poverty

Scaling Up Nutrition

The Basics: Impact of Improving Nutrition

"The world produces enough food to feed every man, woman, and child on earth. Hunger and malnutrition are therefore not due to lack of food alone, but are also the consequences of poverty, inequality and misplaced priorities."

Kul Gautam, RESULTS Board Chair and former Deputy Director of UNICEF

Healthy, nutritious foods are universally recognized as essential to the health and development of children. In many elementary schools, food pyramids outline the ideal diet for growing kids, highlighting the need for grains and carbohydrates, the importance of fruits and vegetables, and that sweets should be consumed in moderation.

The obvious role nutrition plays in a child's life makes it even more shocking that globally of all the children under the age of five, over 20 percent are chronically undernourished or "stunted."[1] Almost 50 million children experience acute malnutrition known as "wasting."[2] These conditions can lead to impaired cognitive and physical development, weakened immune systems, and an increased risk of lethal diseases. Malnutrition causes 45 percent of all deaths of children under the age of five.[3] Overall funding for this crisis has increased, but it remains one of the least-addressed developmental challenges.

The negative outcomes of malnutrition, much like those of poverty, are often cyclical and can affect generation after generation. But, the evidence is clear. The consequences of early malnutrition are devastating and permanent, but they are also entirely preventable. Focusing on quality maternal and child nutrition in the critical 1,000 days period, from pregnancy to a child's second birthday, sees incredible gains for women's and children's health, improves early childhood development, and has immense impacts on long-term economic outcomes for both families and countries.

DEFINITIONS:

Malnutrition: poor nutrition, including underweight, overweight or obese, and micronutrient deficiencies

Stunting: the physical and cognitive damage caused by chronic malnutrition and measured as low height for age

Wasting: caused by malnutrition and measured as low weight for height

Severe Acute Malnutrition (SAM): the most extreme and visible form of malnutrition, also known as extreme wasting

Nutrition-specific: initiatives targeting immediate causes of malnutrition such as exclusive breastfeeding and vitamin supplementation

Nutrition-sensitive: initiatives targeting underlying causes of malnutrition such as inadequate food access and affordability, water, sanitation, and hygiene, and social protection

[1] UNICEF, World Health Organization, and World Bank Group. (2019). *Levels and trends in child malnutrition*. Available at https://www.who.int/nutrition/publications/jointchildmalnutrition-2019-estimates/en/
[2] Ibid
[3] Black, R. et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet.* 382(9890): 427-451. http://www.thelancet.com/series/maternal-and-child-nutrition

Nutrition and the First Thousand Days

Decades of child development and nutrition studies have found that quality nutrition is important. It was a 2013 study in the British medical journal, *The Lancet*, that showed the quality of a person's nutrition early in life, particularly during the 1,000 days between a woman's pregnancy and her child's second birthday, can determine the future course of the child's health, educational attainment, and lifetime earning potential.[4] Chronic malnutrition in the first 1,000 day period causes serious, often irreversible, physical and cognitive damage, called stunting. The study also identified the need to scale up a package of nutrition-specific interventions including: exclusive breast-feeding, micronutrients, iron treatments for pregnant women, and therapeutic treatment for acute malnutrition to save more lives and reduce stunting.[5]

Lancet recommended interventions for optimal child nutrition and development

Nutrition specific interventions and programs

Adolescent health and preconception nutrition; Maternal dietary supplementation; Micronutrient supplementation or fortification, including folic acid, iodine, Vitamin A, and iron; Breastfeeding and complementary feeding; Dietary supplementation for children; Dietary diversification, including adding leafy greens and protein rich foods; Feeding behaviors and stimulation, including kangaroo care, Treatment of severe acute nutrition, Disease prevention and management, including deworming; Nutrition interventions in emergencies.

Nutrition sensitive programs and approaches

Agriculture and food security; Social safety nets; Early child development; Maternal mental health; Women's empowerment; Child protection; Classroom education, including school feeding programs; Water and sanitation; Health and family planning services.

The lifelong repurcussions of experiencing stunting as a child have been found to include a decrease of at least 10 percent in income as adults, compared to non-stunted peers.[6] Without urgent and intensified action to improve nutrition, particularly for women, adolescent girls, infants, and young children in the 1,000 day window, it will be harder and more costly to achieve progress on hunger and poverty reduction.

Nutrition and Maternal Health

Maternal nutrition, even before she becomes pregnant, is a major factor in the likelihood of survival for both mom and baby at delivery, and for growth for breastfeeding infants. But gender norms and inequality on the household level leave girl children disproportionately impacted by food insecurity and malnutrition.[7] Too often, girls and women are the last to eat and left with the least amount of nutritious food.[8] A chronically undernourished girl child whose growth is stunted (which also affects the growth of her pelvis) is more likely to grow to have difficult or obstructed labor, and more likely to have restricted intrauterine growth and/or low-birth weight babies. Obstructed labor is one of the leading causes of maternal deaths in developing countries.[9] Too often in rural and hard to reach places, not having access to a trained birth attendant

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[4] Black, R. et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet.* 382(9890): 427-451. http://www.thelancet.com/series/maternal-and-child-nutrition
[5] Ibid.
[6] UNICEF India. (n.d.). Stunting. Available at http://unicef.in/Whatwedo/10/Stunting
[7] Madjdian, D. & Bras, H. (2016). Family, gender, and women's nutritional status: a comparison between two Himalayan communities in Nepal. *Econ. Hist. of Developing Regions*, 31(1), 198-223. DOI: 10.1080/20780389.2015.1114416.
[8] UNICEF. (n.d.). Commentary: The Asian enigma.
[9] WHO. (n.d.) Pregnancy related complications. Available at https://www.who.int/surgery/challenges/esc_pregnancy_more/en/

compounds this issue. In addition to its effects on maternal mortality, obstructed labor can be a significant contributor to infant perinatal morbidity and mortality.[10]

Undernutrition and micronutrient deficiency during pregnancy contributes to at least 20 percent of matnernal deaths[11] and to roughly 800,000 neonatal deaths each year.[12] Iron deficiency anemia contributes to hemorrhage which is the leading cause of maternal death. Calcium deficincy increases risk for preeclampsia, the second leading cause of maternal deaths. Preeclmapsia causes blood pressure to rise and puts the mother at risk of brain injury, impaired kidney and liver function, and blood clotting problems during delivery. Addressing deficiencies in two key minerals – iron and calcium– could substantially reduce preventable maternal deaths. Hemorrage and preeclampsia cause 42 percent of maternal deaths globally.[13]

Among women of child-bearing age, the most vulnerable are young girls. Adolescent malnutrition alongside pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty. Pregnancy and childbirth complications are the leading cause of death among 15 to 19 year-old girls globally.[14]

Nutrition and Child Health

While globally much has been done to improve child survival rates, nearly half of all child deaths — that is, nearly 2.5 million preventable deaths of children under the age of 5 every year — are related to malnutrition.[15] Much larger numbers of young children under 5 — 149 million, or nearly one in every four — are affected by chronic malnutrition.[16]

While childhood killers — infectious diseases like malaria and measles — have decreased dramatically since 1990, the youngest and most malnourished children still face the highest risk of falling ill to diseases healthier children have developed a stronger immune system to fight. According to a report from UNICEF, kids who suffer from severe undernutrition are 9.5 times more likely to die from diarrhea and 6.4 times more likely to die from pneumonia.[17]

Hunger on the Rise

Having enough food, and the right kinds of diverse foods, has become more of a challenge in the poorest households and in fragile states. The Food and Agriculture Organization of the United Nations (FAO) reports that world hunger is on the rise for the third year in a row. The absolute number of undernourished people, i.e. those facing chronic food deprivation, has increased to nearly 821 million in 2017, from around 804 million in 2016. These are levels from almost a decade ago. The increase in hunger is mainly seen in conflict-affected and fragile states, though climate change and new weather patterns are also a factor in decreasing agriculture outputs in some of the hardest hit regions.

Source: Food and Agriculture Organization of the United Nations (2018). *The state of food security and nutrition in the world*.

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[10] Konje, J. & Ladipo, O. (2000). Nutrition and Obstructed Labor. *American J of Clinical Nutritio*n, 72(1), 291S-29S. https://doi.org/10.1093/ajcn/72.1.291S

[11] WHO (2010). Countdown to 2015: Taking stock of maternal, newborn & child survival. Decade Report (2000-2010). Available at https://www.who.int/maternal_child_adolescent/documents/9789241599573/en/

[12] Phalkey, R., Aranda-Jan, C., et al. (2015). Systematic review of current efforts to quantify the impacts of climate change on undernutrition. *Proc Natl Acad Sci USA*, 112(33), E4522-E4529. DOI: 10.1073/pnas.1409769112.

[13] The Lancet. (2013). Executive summary of the Lancet maternal and child nutrition series. Available at: https://thousanddays.org/wp-content/uploads/Lancet-2013-Executive-summary.pdf

[14] World Health Organization (WHO). (2018). Adolescent pregnancy fact sheet.

[15] UNICEF. (2018). *Levels and trends in child mortality.* Available at https://www.unicef.org/publications/index_103264.html

[16] UNICEF, World Health Organization, and World Bank Group (2019). *Levels and trends in child malnutrition*. Available at https://www.who.int/nutrition/publications/jointchildmalnutrition-2019-estimates/en/

[17] UNICEF. (2013). *Achieving Child Nutrition: The Achievable Imperative for Global Progress*. Available at http://www.unicef.org/publications/files/Nutrition_Report_final_lo_res_8_April.pdf .

These common childhood ailments are treatable, but when they afflict children already weak from undernutrition, they become much deadlier.

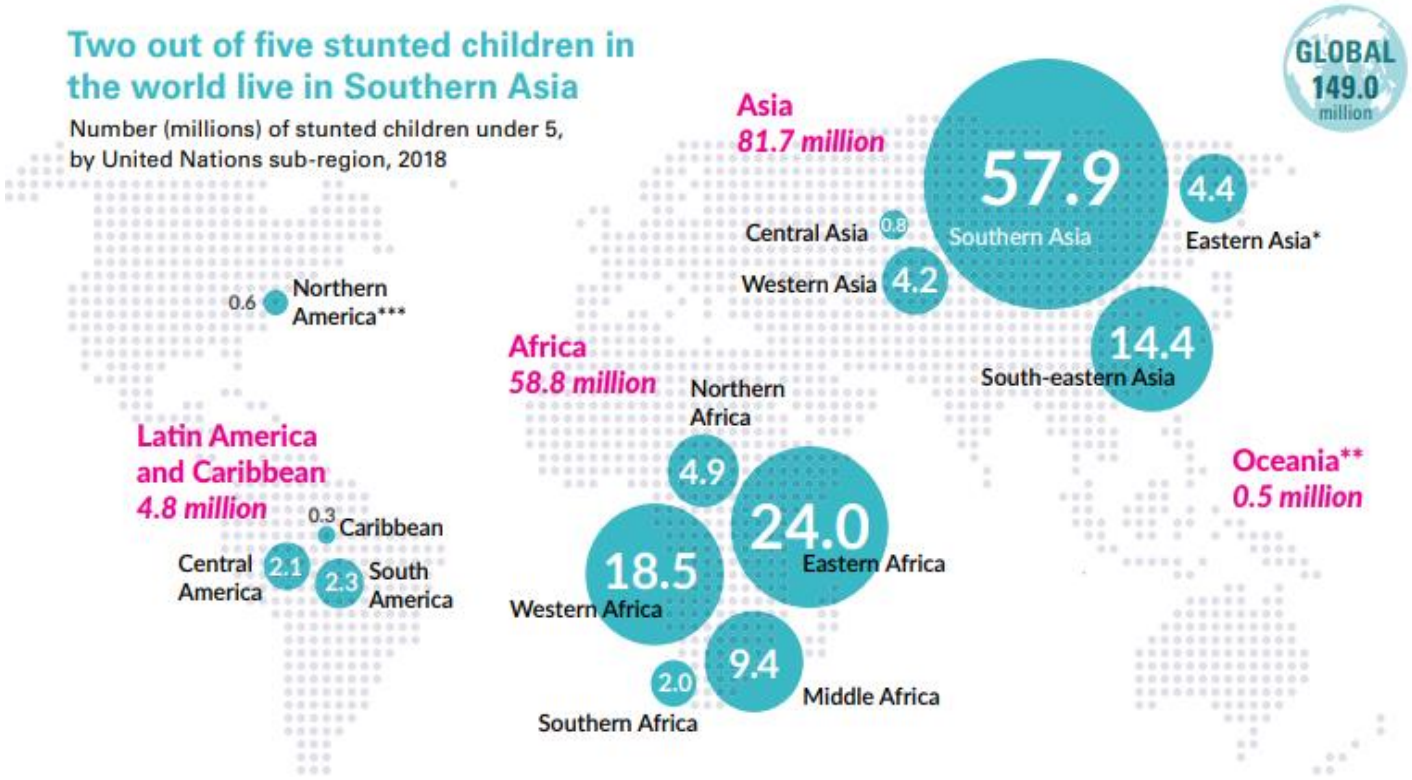
Infants in the neonatal period are particularly at risk if they have a low birth weight. When born too small or premature, infants often lack the strength to latch for nursing, have greater difficulty with breastfeeding, and are more susceptible to infection, all of which can perpetuate malnutrition. More must be done to reach this extremely vulnerable population with nutrition interventions, including breastfeeding support.

Breastfeeding for the first six months of a child's life provides perfect nutrition and everything a child needs for brain development, but requires good maternal nutrition. Breastfeeding also acts as a child's first immunization, particularly the nutrient-rich first milk – colostrum. This also provides the child with the extra protection of the mother's antibodies that helps to ward off disease and infection, while promoting bonding and growth hormones.

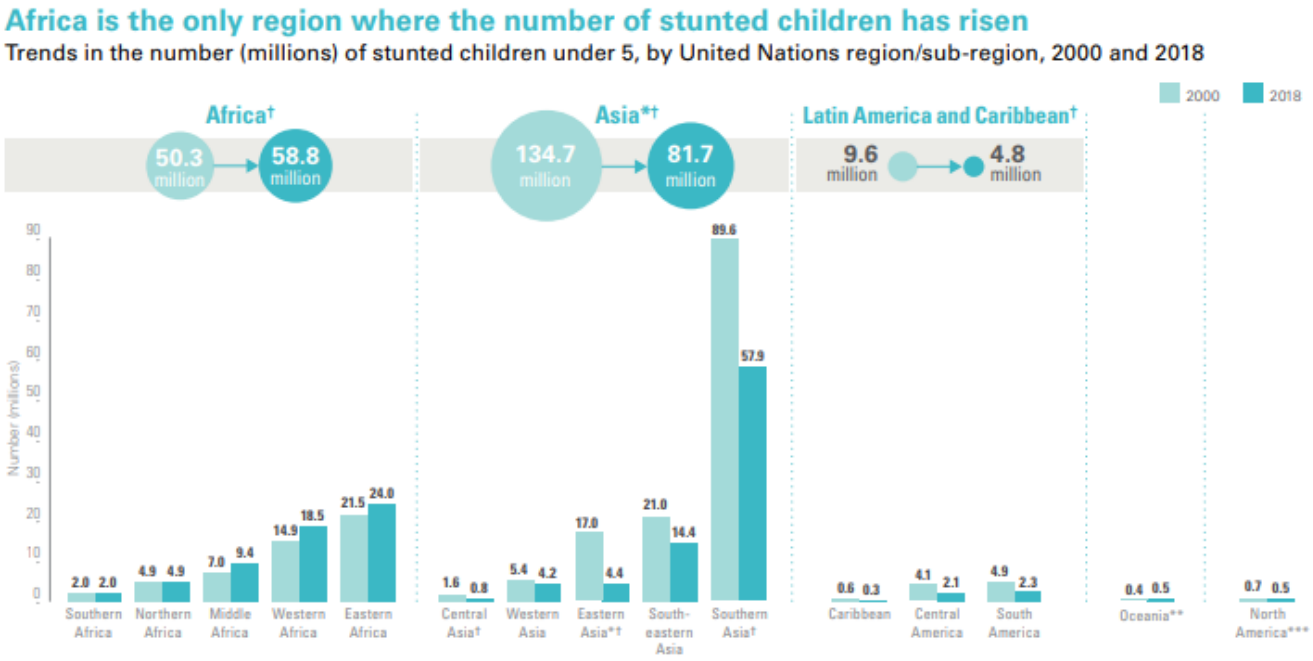
Transitioning to diverse foods, rich in vitamins and micronutrients, is important as baby reaches six month and one-year milestones. To avoid diarrheal diseases and other waterborne illnesses that decrease the nutritional status of the child, clean water is also of utmost concern as babies wean from nursing.

Global Trends in Stunting

The World Health Organization, UNICEF, and the World Bank Group report joint malnutrition estimates for stunting for children under the age of five. Globally, malnutrition rates are alarming; stunting is declining too slowly to reach the global goals. From their 2018 report:[18]



[18] UNICEF, World Health Organization, and World Bank Group (2019). Levels and trends in child malnutrition. Available at https://www.who.int/nutrition/publications/jointchildmalnutrition-2019-estimates/en/



Nutrition and Cognitive Development

A lack of nutrition impairs the growth of the mind and body. Adequate and appropriate nutrition is just as essential as teachers and books for a child's cognitive development. Children begin learning from the moment they are born, and proper nutrients are essential to facilitate growth. Micronutrient deficiencies, often known as "hidden hunger" because there may be no outward physical sign of malnutrition, are of particular concern. For example, a lack of iodine in the earliest years of a child's life can result in permanent brain damage and decreased cognitive function. This wholly preventable damage to cognitive development affects almost 19 million babies born globally every year, predominantly in the poorest regions of the world.[19] Impaired cognitive ability often leads to a reduced performance at school for children and at work for adults. In Guatemala, a study showed that stunted six-year-old children risked losing the equivalent of four grades of schooling through impaired cognitive development.[20]

Economics of Nutrition

The economic and societal implications of malnutrition are immense. Malnutrition drains billions of dollars in lost productivity and health care costs from poor countries. Increased nutrition is proven to have enormous macro-economic impact, boosting a country's GDP through greater workforce productivity and health care cost savings. Yet, globally, less than 1 percent of Official Development Assistance (ODA) is for nutrition efforts.[21]

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[19] UNICEF. (2018). *Brighter futures: protecting early brain development through salt iodization*. Available at https://www.unicef.org/nutrition/files/brighter-future_Protecting-early-brain-development-through-salt-iodization-web-final.pdf

[20] Maluccio, J., Quisumbing, A., et al. (2009). The impact of improving nutrition during early childhood on education among Guatemalan adults, *Economic Journal*. 119 (537): 734-763. https://doi.org/10.1111/j.1468-0297.2009.02220.x

[21] The Global Nutrition Report (2018). *The global nutrition report 2018*. Available at https://globalnutritionreport.org/reports/global-nutrition-report-2018/

Childhood malnutrition is estimated to cost Gross Domestic Product between 3 to 16 percent, with a potential global economic impact upwards of 3.5 trillion dollars.[22] This is especially true in regions of the world with fewer resources. Findings in a study of 15 African countries found that a 40 percent reduction in stunting would add $83 billion to their collective national incomes in the following years.[23] Put simply, there is a direct link between the nourishment of children and their level of educational attainment and income levels.[24] The costs are not only in lost potential. The direct costs of treating nutrition-related issues have been estimated between $1 and $2 trillion dollars globally.[25]

Positive Economic Gains

Investing in nutrition leads to positive economic outcomes. Every dollar spent in scaling up nutrition interventions targeted towards the first 1,000 days yields a return of up to 35 dollars on the initial investment.[26] In addition, every additional centimeter of adult height due to proper nutrition has been associated with a 4.5 percent increase in wage rates.[27]

The Opportunity

Ending Preventable Child and Maternal Deaths

Since the late 1980s, child mortality has steadily decreased, but with the rise of the AIDS epidemic, shifting areas of conflict, and other humanitarian crises, the momentum in the 2000s stagnated. To refocus global efforts on child and maternal health, in June 2012 world leaders convened in Washington, D.C. to create a roadmap toward ending preventable child and maternal deaths. A global meeting known as the *Child Survival: Call to Action* was co-hosted by the United States, Ethiopia, and India, in close partnership with UNICEF. There, global leaders forged a consensus that with renewed effort we could dramatically decrease child deaths so that child mortality rates globally matched those of developed countries–effectively ending preventable child deaths in a generation. The goal was again reaffirmed by countries as part of the 2015 United Nations Sustainable Development Goals.

The global community made it clear that failure to meet previous targets on child mortality was not acceptable and more must be done. Attaining these goals will not be possible without also specifically addressing malnutrition, particularly in women and children. Annually, the number of under-five deaths has decreased, even with population growth. During the same time, the

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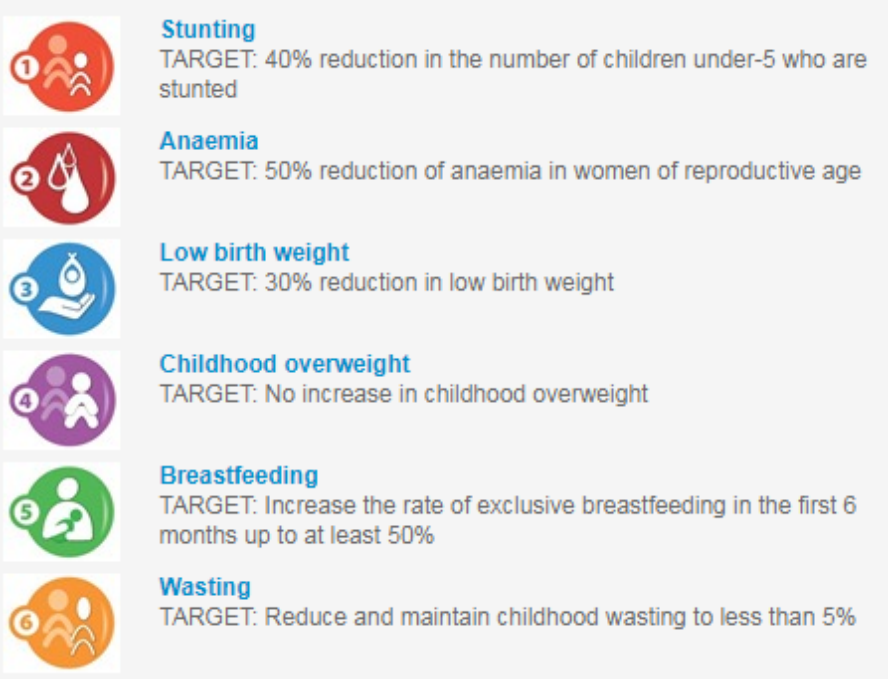
[22] Food and Agriculture Organization of the United Nations. (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition.* Available at http://www.fao.org/publications/sofa/2013/en/
[23] Global Panel on Agriculture and Food Systems for Nutrition. (2016). The cost of malnutrition: why policy action is urgent. Technical Brief no. 3. Available at https://www.glopan.org/sites/default/files/pictures/CostOfMalnutrition.pdf
[24] Hanson, J. et al. (2013).Family poverty affects the rate of human infant brain growth. *PLoS ONE* 8,(12): e80954. https://doi.org/10.1371/journal.pone.0080954
[25] Food and Agriculture Organization of the United Nations (FAO). (2013). *The state of food and agriculture.* Available at http://www.fao.org/3/i3300e/i3300e.pdf
[26] Horton, S., and Steckel, R.(2011). Global economic losses attributable to malnutrition 1900-200 and projections to 2050. Available at https://www.copenhagenconsensus.com/sites/default/files/malnutrition.pdf
[27] 1000 Days (n.d.). Why 1,000 days? Available at https://thousanddays.org/why-1000-days/

number of stunted children has decreased from 165.2 million in 2012 to 149 million in 2018, a 10 percent decline.[28] This is on the right track, but progress must be accelerated.

Global Targets on Nutrition

In 2012 at the World Health Assembly, with U.S. support, nations endorsed a "Comprehensive implementation plan on maternal, infant and young child nutrition." This set six ambitious global goals (right) to fight malnutrition by 2025 has specific targets for stunting, anemia, low birth weight, overweight, wasting, and breastfeeding. Increased U.S. leadership on nutrition is critical for meeting these bold goals.



Source: WHO, Global nutrition targets 2025: Policy briefs

U.S. Leadership is Needed on Global Nutrition, Not Just Hunger

United States has long been a global leader in saving the lives of mothers and children, working in partnership with developing countries to increase access to lifesaving, cost-effective, evidence-based interventions. Additionally, feeding the hungry is a pillar of our humanitarian efforts overseas.

But, it may come as a surprise that the U.S. actually spends less than 1 percent of overseas aid to improve nutrition. The U.S. is not alone in failing to prioritize nutrition. In 2010, the World Bank estimated that it would cost an additional $10.3 billion per year to end under-nutrition among women and children in poor countries.[29] Since then, the world has managed to come up with an additional $139 million, or just 1.4 percent of the gap.[30]

The disconnect between perception and reality lies in the important distinction between food and nutrition. Food is necessary to ensure good nutrition, but it is not sufficient The diet of poor children in developing countries often consists of just a staple starch (like rice or millet) and

[28] World Health Organization (WHO). (2019). Levels and trends in child malnutrition. Available at https://www.who.int/nutgrowthdb/jme-2019-key-findings.pdf?ua=1
[29] Horton, S., Shekar, M., et al. (2010). *Scaling Up Nutrition: What Will it Cost?* Washington DC: World Bank. Available at http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/PeerReviewed-Publications/ScalingUpNutrition.pdf
[30] Development Initiatives. (2013). *Global Humanitarian Assistance Report 2013*. Available at http://devinit.org/post/gha-report-2013/#

legumes (peas, lentils) with very little protein or adequate vegetables.[31] A child with a full belly is not necessarily getting the right balance of nutritious food and vitamins necessary for healthy growth and development. We must do more to ensure access to good nutrition.

A recent reorganization at the U.S. Agency for International Development (USAID) has repositioned the Office of Global Nutrition from the Bureau of Global Health into the Bureau of Resilience and Food Security. While this may lift nutrition interventions in ongoing food security efforts, it is clear that food is not enough. There must also be a real commitment to increase investments in quality nutrition, particularly in the 1,000-day window.

Momentum for Nutrition in 2020

In June of 2013, global leaders gathered in London for the first ever Nutrition for Growth summit, an opportunity to pledge additional support to fight undernutrition. The event was the culmination of a global advocacy effort to increase the amount and quality of aid directed to nutrition programs. RESULTS joined other advocacy and humanitarian groups in calling on the U.S. to make specific commitments, including a clear baseline of nutrition spending, additional funding going forward, and a comprehensive U.S. strategy on nutrition. At the summit, the U.S. committed to a comprehensive strategy on nutrition, but did not provide new funding for nutrition at that date.

However, Congress has continued to incrementally increase funding for the Nutrition account in Global Health over the past several fiscal years. This is a positive sign that bipartisan, bicameral support is growing for increasing resources to fight malnutrition.

Global nutrition advocates are again planning for a nutrition summit in 2020, tied to the Summer Olympics in Japan. RESULTS' advocacy efforts in 2019 on nutrition are meant to build the groundwork to have an upswell of Congressional support for the expected 2020 nutrition moment, where we want to see new resources committed from the U.S. to fight global malnutrition and stunting. A significant boost in nutrition funding in the annual appropriations process would be a strong signal of Congressional support in the lead up to the summit.

Building Congressional Support for Nutrition

Representatives Roger Marshall (R-KS) and Jim McGovern (D-MA) introduced H. Res 189 in March followed by Senators Susan Collins (R-ME) and Chris Coons (D-DE) who introduced the companion bill S. Res 260 in June. The resolutions recognize the importance of sustained U.S. leadership in accelerating global progress against maternal and child malnutrition and supporting USAID's commitment to global nutrition through its multi-sectoral nutrition strategy.

The resolution will strengthen our government's efforts to accelerate progress against maternal and child malnutrition in developing countries by:

- Recognizing the importance of the U.S leadership to improve maternal and child nutrition

[31] Save the Children UK. (2012). *A Life Free from Hunger: Tackling child malnutrition*. Available at http://www.savethechildren.org.uk/sites/default/files/docs/A-Life-Free-From-Hunger-UK-low-res.pdf.

- Calling for reform to ensure there are improved and clear methods to track nutrition funding and outcomes across all United States Government global nutrition programs
- Accelerating progress using innovative, scaled-up approaches to end maternal and child malnutrition, with an emphasis on the 1,000 days between pregnancy and her child's second birthday.

Now is the time to build on our previous work and accelerate our efforts to fight against global maternal and child malnutrition. This bipartisan resolution will help ensure continued U.S. leadership in providing critical nutrition interventions in an efficient, integrated and strategic manner, reaching some of the world's poorest and most marginalized populations and ensuring that the nutritional needs of women and children are met.

Fiscal Year 2020 Appropriations

This spring, all members of Congress had the opportunity to address the leadership of the congressional committees that make funding decisions for the critical anti-poverty programs in the international affairs account. RESULTS advocated from January to June to urge both House and Senate members to weigh in through submitting personal requests in writing and by speaking personally to the Chairs and Ranking Members of the State and Foreign Operations subcommittee of Appropriations. You can read more on our Appropriations webpage or on the updated blog following actions to these leaders that oversee foreign aid funding.

Members of Congress that are part of the select group known as the State and Foreign Operations Subcommittee of Appropriations in either the Senate or the House of Representatives are particularly important in fighting the proposed funding cuts to foreign aid from the administration. This fiscal year 2020 (FY20), RESULTS supports funding in the State and Foreign Operations Appropriations bill for Maternal and Child Health, which includes funding for Gavi, the Vaccine Alliance, and additional funding for Nutrition in Global Health.

Fiscal Year	FY15	FY16	FY17	FY18	FY19	RESULTS' FY20 Request	President's FY20 Request	House FY20	Senate FY20
Maternal and Child Health Account (MCH)	$715 million	$750 million	$814.5 million	$829.5 million	$835 million	$900 million	$619.6 million	$850 million	TBD
Gavi (in MCH)	$200 million	$235 million	$275 million	$290 million	$290 million	$290 million	$250 million	$290 million	TBD
Nutrition	$115 million	$125 million	$125 million	$125 million	$145 million	$250 million	$78.5 million	$145 million	TBD

** As of the first week of July 2019, the Senate had not yet marked up its SFOPS bill in subcommittee*

The Stories

Whether you are speaking with members of Congress, hosting an outreach event, or looking for some inspiration, use the links below to find stories to help when advocating for a healthier future for all mothers and children, regardless of where they are born.

Inspiring Stories

- Removing Nutrition Barriers to Create Pathways for Resilient Communities
  Health workers in Mozambique are trained in nutrition counselling and improve malnutrition prevention, detection, counseling and support in their communities.
- 7 Ways USAID Supports Breastfeeding
  Breastmilk is a perfect food for infants and has benefits for moms as well. USAID supports breastfeeding around the world through a variety of social, health, and educational programs.
- Breastfed Right: How Shrirampur's Babies Escape Malnutrition
  In India, breastfeeding support enables mothers to breastfeed and prevent malnutrition in their newborns.
- These Micronutrients Have a Mighty Impact
  Supplemental vitamins and minerals are improving nutrition for children in Uganda
- Changing Behaviors for an Anemia-free Pregnancy in Indonesia
  Midwives like Rosina Flaviana Susianawati are combating maternal anemia by providing nutritional supplements and behavior change counselling, ultimately leading to better outcomes for mothers and newborns.
- Around the World in 1,000 Days
  Seven mothers and one father from very different countries and contexts describe how they try to ensure healthy nutrition during pregnancy and early life and seek the best chances for a healthy, happy future for their children.

Inspiring Videos

- One Girl Two Lives – The Impact of Stunting
  This video highlights the importance of right nutrition in the first 1,000 days of life by showing how stunting would affect one girl's life
- Indonesia Accelerates Fight Against Childhood Stunting
  Human Development Workers are deployed in Indonesia to link beneficiaries to multi-sectoral services that can reduce childhood stunting.
- From Student to Teacher: One Nepali Woman Fights Malnutrition in Her Community
  Bimala Chaudhary uses what she has learned from health workers and women's groups to teach other mothers in her community about childhood nutrition.
- On the Edge of the Sahel, Mothers Fight to Keep Their Children Fed
  Aisha and her daughter Fatima benefited from a nutrition clinic and a combination community organization and cooking class, run by CARE's Maman Lumiere program, where mothers could exchange recipes and information on how to utilize nutritional benefits from local food.
- Breastfeeding Improves Health of Children in Baringo County
  Mothers in Baringo County, Kenya, have healthier children after receiving training on good nutrition and exclusive breastfeeding.