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other development partners to scale up an evidence-based response against malnutrition. To succeed, we will need to address the problem comprehensively, which will require engaging several sectors. This assessment of malnutrition in Afghanistan lays out the scale, scope, and causes of the problem. The scope is large—for example, 60 percent of. Foreword

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Conclusive evidence shows that a multisectoral planning approach, followed by actions in the various sectors, is the most successful method to improve a populations' nutrition. Malnutrition in Afghanistan provides the background analysis for the development of a comprehensive nutrition action plan. The timing of this report is propitious.

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Malnutrition is a key development priority for the World Bank's South Asia region. The Bank intends to increase its commitment to reducing malnutrition in the region. As a first step, Bank staff are preparing a series of country assessments such as Malnutrition in Afghanistan.

South Asia has the highest rates of malnutrition and the largest number of malnourished women and children in the world. Childhood malnutrition is the main cause of child mortality one-third of all child deaths are due to the underlying cause of malnutrition. For the children who survive, malnutrition results in lifelong problems by severely reducing a child's ability to learn and to grow to his or her full potential. Malnutrition directly leads to less productive adults and thus to weaker national economic performance. The negative impact of malnutrition on a society's productivity and a nation's long-term development is difficult to underestimate. Malnutrition is a key development priority for the World Bank's South Asia region. The Bank intends to increase its commitment to reducing malnutrition in the region. As a first step, Bank staff are preparing a series of country assessments such as Malnutrition in Afghanistan. These assessments will be useful for governments and development partners committed to scaling up effective, evidence-based interventions to reduce malnutrition in their countries. Conclusive evidence shows that a multisectoral planning approach, followed by actions in the various sectors, is the most successful method to improve a population's nutrition. Malnutrition in Afghanistan provides the background analysis for the development of a comprehensive nutrition action plan. The timing of this report is propitious. The international communities interest in the developmental benefits of nutrition programming is high. This analytical report is part of a broader effort by the World Bank South Asia region to increase investments in nutrition, recognizing that good nutrition is important to economic growth and development, and because investing in well-proven nutrition interventions pays high dividends in poverty reduction and national economic development.

Malnutrition is a factor in half of all child deaths, as well as hindering childhood development and increasing the risk of chronic diseases in later life. It is clear that the Millennium Development Goals cannot be reached without significant global efforts to eliminate malnutrition. This report has been jointly produced by UNICEF and the World Bank and examines lessons learned from the development policy agenda to reduce malnutrition levels and promote nutrition programmes. It includes country case studies from India, Madagascar, the Philippines and Tanzania.

This multicultural and interdisciplinary reference brings a fresh social and cultural perspective to the global history of food, foodstuffs, and cultural exchange from the age of discovery to contemporary times. Comprehensive in scope, this two-volume encyclopedia covers agriculture and industry, food preparation and regional cuisines, science and technology, nutrition and health, and trade and commerce, as well as key contemporary issues such as famine relief, farm subsidies, food safety, and the organic movement. Articles also include specific foodstuffs such as chocolate, potatoes, and tomatoes; topics such as Mediterranean diet and the Spice Route; and pivotal figures such as Marco Polo, Columbus, and Catherine de' Medici. Special features include: dozens of recipes representing different historic periods and cuisines of the world; listing of herbal foods and uses; and a chronology of key events/people in food history.

Since the 1960s, it has been known that poor water and sanitation causes diarrhea, which consequently compromises child growth and leads to undernutrition. Ample evidence shows that poor water and sanitation causes diarrhea, but there is a growing body of knowledge discussing the magnitude of the impact of diarrhea on undernutrition. A recent hypothesis by Humphrey (2009), for example, states that the predominant impact of contaminated water and poor sanitation on undernutrition is via tropical/environmental enteropathy (triggered by exposure to fecal matter) rather than mediated by diarrhea. This new hypothesis has generated much debate, especially in the South Asia region, on the contribution of water and sanitation to the South Asian Nutrition Enigma. The region is characterized by unusually high rates of child undernutrition relative to its income level, as well as a slow reduction in undernutrition. Practitioners have struggled to decipher the reasons behind this 'anomaly.' This report provides a systematic review of the evidence to date, both published and grey literature, on the relationship between water and sanitation and nutrition. We also survey the potential impact of improved water, sanitation, and hygiene (WASH) on undernutrition. This is the first report that undertakes a thorough review and discussion of WASH and nutrition in Bangladesh. The report is meant to serve two purposes. First, it synthesizes the results/evidence evolving on the pathway of WASH and undernutrition for use by practitioners working in the nutrition and water and sanitation sectors to stimulate technical discussions and effective collaboration among stakeholders. Second, this report serves as an advocacy tool, primarily for policy makers, to assist them in formulating a

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multisectoral approach to tackling the undernutrition problem.

This second edition of the Historical Dictionary of the World Bank shows the substantial progress the Bank has made, this mainly through the dictionary section with concise entries on its component institutions, related organizations, its achievements in various fields, some of the major projects and member countries, and its various presidents. The introduction explains how the Bank works while the chronology traces the major events over nearly 70 years. Meanwhile, the list of acronyms reminds us just who the main players are. And the bibliography directs readers to useful internal documentation and outside studies.

Evaluation Summary What Can We Learn from Nutrition Impact Evaluations? High levels of child malnutrition in developing countries contribute to mortality and have long-term consequences for children's cognitive development and earnings as adults. Recent impact evaluations show that many different interventions have had an impact on children's anthropometric outcomes (height, weight, and birth weight), but there is no simple answer to the question What works? to address the problem. Similar interventions have widely different results in different settings, owing to differences in local context, the causes and severity of malnutrition, and the capacity for program implementation. Impact evaluations of programs supported by the Bank, which are generally large-scale, complex inter-ventions in low-capacity settings, show equally variable results. The findings confirm that it should not be assumed that an intervention found effective in a randomized medical setting will have the same effects when implemented under field conditions. There are many robust experimental and quasi-experimental methods for assessing impact under difficult circumstances often found in field settings. The relevance and impact of nutrition impact evaluations could be enhanced by collecting data on service delivery, demand-side behavioral outcomes, and implementation processes to better understand the causal chain and what part of the chain is weak, in parallel with impact evaluations. It is also important to understand better the distribution of impacts, particularly among the poor, and to document better the costs and effectiveness of interventions. High levels of child malnutrition in developing countries are contributing to mortality and present long-term consequences for the survivors. An estimated 178 million children under age 5 in developing countries are stunted (low height for age) and 55 million are wasted (low weight for height). Malnutrition makes children more susceptible to illness and strongly affects child mortality. Beyond the mortality risk in the short run, the developmental delays caused by undernutrition affect children's cognitive outcomes and productive potential as adults. Micronutrient deficiencies vitamin A, iron, zinc, iodine, for example are also common and have significant consequences. Progress in reducing malnutrition has been slow: More than half of countries are not on track to achieve the Millennium Development Goal of halving the share of children who are malnourished (low weight for age) by 2015. The food price and financial crises are making achievement of this goal even more elusive. The World Bank has recently taken steps to expand its support for nutrition in response to the underlying need and the increased urgency due to the crises. WHAT DO WE KNOW ABOUT REDUCING MALNUTRITION? The increased interest and resources focused on the problem of high and potentially increasing rates of undernutrition raises the question, what do we know about the causes of malnutrition and the interventions most likely to reduce it? The medical literature points to the need to intervene during gestation and the first two years of life to prevent child malnutrition and its consequences. It suggests that investments in interventions during this window of opportunity among children under 2 are likely to have the greatest benefits. Recently published meta-analyses of the impact evaluation literature point to several interventions found effective for reducing undernutrition in specific settings. However, there are limitations to the generalizability of those reviews findings, particularly in the context of large-scale government programs most likely to be supported by the World Bank. The reviews tend to disproportionately draw on the findings of smaller, controlled experiments; there are few examples of evaluations of large-scale programs, over which there is less control in implementation. In reviewing a large number of studies, interventions, and outcomes, they tend to focus on average impacts. They generally do not explain the magnitude or variability of impacts across or within studies. Very few address the programmatic reasons why some interventions work or don't work, nor do they assess the cost-effectiveness of interventions. Objectives of the Review This paper reviews recent impact evaluations of interventions and programs to improve child anthropometric outcomes height, weight, and birth weight with an emphasis on both the findings and limitations of the literature and on understanding what might happen in a non-research setting. It further reviews in greater detail the experience and lessons from evaluations of the impact of World Bank-supported programs on nutrition outcomes. Specifically, the review addresses four questions. First, what can be said about the impact of different interventions on children's anthropometric outcomes? Second, how do these findings vary across settings and within target groups, and what accounts for this variability? Third, what is the evidence of the cost-effectiveness of these interventions? Finally, what have been the lessons from implementing impact evaluations of Bank-supported programs with anthropometric impacts? While there are different dimensions of child nutrition that could be explored, the report focuses on child anthropometric outcomes -- weight, height, and birth weight. These are the most common nutrition outcome indicators in the literature and the most frequently monitored by national nutrition programs supported by the World Bank. Low weight for age (underweight) is also the indicator for one of the MDGs. Methodology and Scope Forty-six nutrition impact evaluations published since 2000 were systematically reviewed. These evaluations assessed the impact of diverse interventions community nutrition programs, conditional and unconditional cash transfers, early child development programs, food aid, integrated health and nutrition services, and de-worming. All of the evaluations used research designs that compared the outcomes among those affected by the project to the counterfactual that is, what would have happened to a similar group of people in the absence of the intervention. About

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half used randomized assignment to create treatment and control groups, while the remainder used matching and various econometric techniques to construct a counterfactual. Among the 46 evaluations, twelve assessed the impact of World Bank-supported programs on nutrition outcomes in eight countries. While the broader review relies on the analysis of the published impact evaluations as the main source of data, for these twelve evaluations project documents and research outputs were reviewed and World Bank staff, country officials and the evaluators and re-searchers who conducted the studies were interviewed. Findings A wide range of interventions had a positive impact on indicators related to height, weight, wasting, and low birth weight. There were a total of 10 different outcome indicators for the four main anthropometric outcomes. A little more than half of the evaluations addressing a height-related indicator found program impacts on at least one group of children, and this was true for about the same share of interventions aimed at improving weight-related and wasting (low weight for height)-related indicators. About three-quarters of the 11 evaluations of interventions that aimed at improving birth weight indicators registered an impact in at least one specification, including five out of seven micronutrient interventions. There was no clear pattern of impacts across interventions in every intervention group there were examples of programs that did and did not have an impact on a given indicator, and with varying magnitude. Evaluations of the nutritional impact of programs supported by the World Bank, which are generally large-scale, complex, and implemented in low-capacity settings, show equally variable results. Even controlling for the specific outcome indicator, studies often targeted children of different age groups that might be more or less susceptible to the interventions. It is thus difficult to point to interventions that are systematically more effective than others in reducing malnutrition across diverse settings and age groups. Differences in local context, variation in the age of the children studied, the length of exposure to the intervention, and differing methodologies of the studies account for much of the variability in results. Context includes factors like the level and local determinants of malnutrition, differences in the characteristics of beneficiaries (including their age), the availability of service infrastructure, and the implementation capacity of government. Outside of a research setting in the context of a large government program there are many things that can go wrong in either service delivery or the demand response that can compromise impact. Beyond this, there are social factors like the status of women or the presence of civil unrest that can affect outcomes. These findings underscore the conclusion that it should not be assumed that an intervention found effective in a randomized controlled trial in a research setting will have the same effects when implemented under field conditions in a different setting. They also point to the need to understand the prevailing underlying causes of malnutrition in a given setting and the age groups most likely to benefit in selecting an intervention. Further, impact evaluations need to supplement data measuring impact with data on service delivery and demand-side behavioral outcomes to demonstrate the plausibility of the findings, to understand what part of a program works, and to address weak links in the results chain to improve performance. There is scant evidence on the distribution of nutrition impacts who is benefiting and who is not or on the cost-effectiveness of interventions Just because malnutrition is more common among the poor does not mean that they will disproportionately benefit from an intervention, particularly if acting on new knowledge or different incentives relies on access to education or quality services. Only a third of the 46 evaluations looked at the distribution of impacts by gender, mother's education, poverty status, or availability of complementary health services. Only nine assessed the impacts on nutritional outcomes of the poor compared with the non-poor. Among the evaluations that did examine variation in results, several found that the children of more educated mothers or in better-off communities are benefiting the most. Bank-supported cash transfers, community nutrition, and early child development programs in six of eight countries had some impact on child anthropometric outcomes. Of the 12 impact evaluations of Bank support, all but one were of large-scale government programs with multiple interventions and a long results chain. Three-quarters found a positive impact on anthropometric outcomes of children in at least one age group, although the magnitude was in some cases not large or applied to a narrow age group. Most of the impact evaluations involved assessment of completely new programs and involved World Bank researchers. Most used quasi-experimental evaluation designs and two-thirds assessed impact after at most 3 years of program implementation. Only half of the evaluations documented the distribution of impacts and only a third presented information on the costs of the intervention (falling short of cost-effectiveness analysis). In two of the countries (Colombia and the Philippines) the evaluations likely had an impact on government policy or programs. Lessons A number of lessons for development practitioners and evaluators arose from the review of impact evaluations of World Bank nutrition support. For task managers: Impact evaluations of interventions that are clearly beyond the means of the government to sustain are of limited relevance. The complexity, costs, and fiscal sustainability of the intervention should figure into the decision as to whether an impact evaluation is warranted. Impact evaluations are often launched for the purpose of evaluating completely new programs, but they may be equally or even more useful in improving the effectiveness of ongoing programs. There are methods for obtaining reliable impact evaluation results when randomized assignment of interventions is not possible for political, ethical, or practical reasons. For evaluators: In light of the challenges of evaluating large-scale programs with a long results chain, it is well worth the effort to assess the risks to disruption of the impact evaluation ahead of time and identify mitigation measures. The design and analysis of nutrition impact evaluations need to take into account the likely sensitivity of children of different ages to the intervention. For the purposes of correctly gauging impact, it is important to know exactly when delivery of an intervention took place in the field (as opposed to the official start of the program). Evaluations need to be designed to provide evidence for timely decision-making, but with sufficient elapsed time for a plausible impact to have occurred. The relevance of impact evaluations for policymakers would be greatly enhanced if impact evaluations were to document both the

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Persistent malnutrition is contributing not only to widespread failure to meet the first MDG--to halve poverty and hunger--but to meet other goals in maternal and child health, HIV/AIDS, education, and gender equity. The choice is now between continuing to fail, or to finally make nutrition central to development. Underweight prevalence among children is the key indicator for measuring progress on non-income poverty and malnutrition remains the world's most serious health problem and the single biggest contributor to child mortality. Nearly a third of children in the developing world are either.

This year's report presents evidence that the absolute number of people who suffer from hunger continues to slowly increase. The report also highlights that food insecurity is more than just hunger. For the first time, the report provides evidence that many people in the world, even if not hungry, experience moderate food insecurity as they face uncertainties about their ability to obtain food and are forced to compromise on the quality and/or quantity of the food they consume. This phenomenon is observed globally, not only in low- and middle-income countries but also in high income countries. The report also shows that the world is not on track to meet global nutrition targets, including those on low birthweight and on reducing stunting among children under five years. Moreover, overweight and obesity continue to increase in all regions, particularly among school-age children and adults. The report stresses that no region is exempt from the epidemic of overweight and obesity, underscoring the necessity of multifaceted, multisectoral approaches to halt and reverse these worrying trends. In light of the fragile state of the world economy, the report presents new evidence confirming that hunger has been on the rise for many countries where the economy has slowed down or contracted. Unpacking the links between economic slowdowns and downturns and food insecurity and malnutrition, the report contends that the effects of the former on the latter can only be offset by addressing the root causes of hunger and malnutrition: poverty, inequality and marginalization.

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