



July 24, 2026

Beth Bwembya
Foreign Agricultural Service
U.S. Department of Agriculture
1400 Independence Avenue SW
Washington, DC 20250-1030

Re: Request for Information (RFI) – Non-Emergency Title II Food for Peace Program

Dear Ms. Bwembya,

The American Society for Nutrition (ASN) appreciates the opportunity to provide input on the Non-Emergency Title II Food for Peace Program administered by the U.S. Department of Agriculture (USDA). Established in 1928, ASN is a not-for-profit organization dedicated to advancing the science, education, and practice of nutrition. ASN has more than 9,000 members around the world, working throughout government, clinical practice, academia, and industry, to conduct research to achieve the ASN vision of “A Healthier World Through Evidence-Based Nutrition.” ASN members include ASN's Global Nutrition Council (GNC), which brings together members who design, deliver, and evaluate food security and nutrition interventions in low- and middle-income countries. The comments below were developed by ASN GNC members with direct scientific and operational experience in the programs at issue in this RFI.

A. Resilience Program Design and Implementation

What categories of activities are most effective in supporting long-term food security in Title II operational contexts?

Each Title II operational context is different. The categories named in the RFI — agriculture-led growth, natural resource management, livelihood strengthening, community-based disaster preparedness, malnutrition prevention and treatment — have all been shown to be effective and sustainable under the right conditions.¹

There is benefit to implementing interventions across sectors in the same communities, so that short-term needs can be addressed through direct food provision where food gaps exist. However, it is investment in livelihood-related interventions that holds promise for reducing the need for outside assistance over time. Short-term programs are no guarantee of long-term food security, but

¹ Bizikova L, Jungcurt S, McDougal K, Tyler S. 2020. How can agricultural interventions enhance contribution to food security and SDG 2.1? *Glob Food Secur.* 26:100450; Marion P, Lwamba E, Floridi A, Pande S, Bhattacharyya M, Young S, Villar PF, Shisler S. 2024. The effects of agricultural output market access interventions on agricultural, socio-economic, food security, and nutrition outcomes in low- and middle-income countries: A systematic review. *Campbell Systematic Reviews.* 20:e1411; Slim, F., Ibrahim, Z., Toufeili, I. et al. 2025. Assessing food insecurity strategies across twelve countries from different income levels: a sustainability and food systems perspective. *Discov Sustain* 6, 689.

sustainment of impact depends on robust planning and evidence-based frameworks.²

How can resilience activities and U.S.-sourced commodities be better integrated to improve nutrition, household stability, and shock responsiveness?

Particularly where local market systems have collapsed, food is physically unavailable, or high inflation has eroded household purchasing power, in-kind food assistance can be extremely impactful for meeting immediate household needs. However, if the goal is long-term self-reliance and resilience, in-kind assistance requires careful consideration and management. In-kind commodities — no matter the source — are inherently unsustainable. Where in-kind food assistance is used to incentivize program participation or behavior change, it is a powerful external motivator that may displace intrinsic motivation and self-reliance. Unless transitioned carefully and slowly, its withdrawal may result in discontinuation of the behaviors, activities, and outcomes the intervention originally aimed to establish. Over time, externally sourced commodities carry the additional risk of distorting local markets. Market analysis must be embedded in all programming decisions to avoid local inflationary effects and to ensure that food and monetized food instruments are used optimally in each context.

Key principles for consideration:

- Objectives: distinguish short-term from long-term aims.
- Context: market functionality, urgency, and recipient preference.
- Time-delimited design: phased transition with clear benchmarks and consistent messaging.
- Layering and sequencing with interventions that mitigate market distortion: social protection cash transfers for local procurement and interventions strengthening local production.
- Attention to the nutritional quality of food assistance, not commodity transfers alone.

In a randomized comparison of cash, food vouchers, and food transfers in northern Ecuador, all three modalities significantly improved both the quantity and the quality of food consumed. Food transfers produced increases in calories consumed; vouchers produced increases in dietary diversity; and food transfer was the least cost-effective modality for improving food security outcomes.³

The implication for USDA is not that one modality dominates, but that modality should be matched to objective and context: in-kind food where the goal is energy adequacy and markets are not functioning; vouchers or cash where markets can respond; and cost-effectiveness assessed against the specific outcome sought rather than in the abstract.

In what ways could USDA/FAS be innovative in designing future non-emergency programming?

Economic development in areas receiving food and assistance can result in the emergence of commercial markets for U.S.-produced commodities.⁴ In some contexts, hybrid public-private

² Rogers BL, Coates J. 2015. Sustaining Development: A Synthesis of Results from a Four-Country Study of Sustainability and Exit Strategies among Development Food Assistance Projects. Washington, DC: FHI 360/FANTA.

³ Hidrobo M, Hoddinott J, Peterman A, Margolies A, Moreira V. 2014. Cash, food, or vouchers? Evidence from a randomized experiment in northern Ecuador. *Journal of Development Economics*. 107:144–156.

⁴ Houck J. Link between agricultural assistance and international trade. 1988. *Agricultural Economics*. 2(2):159–166.

delivery models may prove mutually beneficial, effective, and efficient. The Global Development Alliance approach used by the former U.S. Agency for International Development (USAID) paired private sector funding and innovative U.S. government funding to deliver market-based solutions. Under the right conditions, this approach could strengthen local value chains in Title II sites while also benefiting American corporations, workers, and citizens.

What interventions are most effective to strengthen local markets and reduce reliance on external food aid?

The most effective interventions focus on improving farmers' market access and participation. These might include improving transportation or storage infrastructure, creating new marketplaces, and increasing access to output market information. Marion et al. (2024) concluded that such market access interventions are effective in reducing transaction costs and improving agricultural production and welfare.⁵

What resilience approaches best address land degradation, water scarcity, or extreme weather events?

These challenges are context-specific, and Title II has historically worked in vulnerable areas. Food-for-work to create water infrastructure or improve land through leveling and clearing can address them. Extreme weather events such as drought and flooding are more challenging, but infrastructure improvements can mitigate risk.

Beyond using food-for-work to build communal assets that reverse land degradation, food assistance transfers to individual farmers can incentivize adoption of natural resource management practices that increase the resilience of individually owned land. The key is for the food incentive to be a carefully sequenced, very short-term, and transparent means of helping farmers mitigate the risks of changing production practices. Once new practices are adopted and bear fruit, external support can be withdrawn.

What models promote sustained behavior change, community ownership, and local institutional capacity?

The USDA is already following evidence-based approaches on this topic. In a rigorous four-country ex-post study of twelve Title II-funded development food security activities, Rogers and Coates (2015) found that every behavior, activity, or outcome sustained after withdrawal of U.S. government funding had a sustained source of motivation, capacity, and resources. Early planning for sustainability is therefore essential to allow adequate time to secure the required factors and to transition effectively.² Since 2016, all development food security activities funded under Title II have used this framework to guide sustainability planning, and we recommend USDA retain it.

In the health literature, effective staged handover of systems- and institutional-level approaches can be found within the President's Emergency Plan for AIDS Relief, which offers models applicable to Title II activities.⁶ The Ultra Poor Graduation model has yielded sustained outcomes

⁵ Marion P, Lwamba E, Floridi A, Pande S, Bhattacharyya M, Young S, Villar PF, Shisler S. 2024. The effects of agricultural output market access interventions on agricultural, socio-economic, food security, and nutrition outcomes in low- and middle-income countries: A systematic review. *Campbell Systematic Reviews*. 20:e1411.;

⁶ Murphy LM, Stenoien DV, Love E, Mwale H, Vu V, Thurow A, Walker D, Jordan M, Nandakumar A, Konopka S. 2025. Supporting local ownership of transition processes: a key pathway to sustaining the HIV response. *BMJ*

(e.g., household consumption, assets, time spent working, and financial inclusion) tied to reduced food insecurity across both stable and fragile contexts.⁷

What performance indicators, evaluation methods, or evidence gaps should USDA address?

Evidence gap maps and systematic reviews find that many studies of food security interventions in low- and middle-income countries have design flaws that limit evidence quality.^{5,8} Investing in high-quality, well-designed evaluations pays off by guiding cost-effective interventions later. This includes designs that reduce bias, such as randomization and robust quasi-experimental designs where randomization is not feasible, and mixed-method designs in which qualitative and quantitative arms are integrated to answer questions about what works, why, and for whom.

A large evidence gap exists around cost-effectiveness in non-emergency food programs, especially as they vary across economic settings. Methods for assessing program costs are needed that go beyond the cost of the food provided and include handling and distribution, opportunity costs, and shadow pricing of goods or services provided free of charge. Comprehensive cost-benefit analysis is also critical to choosing among program approaches.

B. Commodity Needs, Constraints, and Opportunities

Which U.S. agricultural commodities could be most appropriate for in-kind donation or monetization?

Commodities that are culturally acceptable and familiar in the target communities, with care taken not to distort or undermine local markets where markets are functioning. Specialized nutritious foods merit particular consideration. Fortified blended foods (e.g., corn- or wheat-soy blends), ready-to-use therapeutic and supplementary foods (including lipid-based nutrient supplements), and locally produced fortified foods and snacks have the strongest evidence base for preventing and treating child undernutrition and warrant priority on nutritional grounds regardless of where they are produced.⁹

Global Health. 10(6):e018190.; Neel AH, Rodríguez DC, Sikazwe I, Pillay Y, Barron P, Pereira SK, Makakole-Nene S, Bennett SC. 2024. HIV programme sustainability in Southern and Eastern Africa and the changing role of external assistance for health. *Health Policy and Planning*. 39(Suppl 1):i107–i117.

⁷ Balboni C, Bandiera O, Burgess R, Ghatak M, Heil A. 2022. Why do people stay poor? *The Quarterly Journal of Economics*. 137(2):785–844.; Banerjee A, Duflo E, Sharma G. 2021. Long-term effects of the Targeting the Ultra Poor program. *American Economic Review: Insights*. 3(4):471–486.; Bedoya G, Coville A, Haushofer J, Isaqzadeh M, Shapiro JP. 2019. No household left behind: Afghanistan Targeting the Ultra Poor impact evaluation. NBER Working Paper 25981; Blattman C, Fiala N, Martinez S. 2014. Generating skilled self-employment in developing countries: Evidence from Uganda. *Quarterly Journal of Economics*. 129(2):697–752.; Brune L, Karlan D, Kurdi S, Udry C. 2022. Social protection amidst social upheaval: Examining the impact of a multi-faceted program for ultra-poor households in Yemen. *Journal of Development Economics*. 155:102780

⁸ Storhaug IG, Lane C, Moore N, Engelbert M, Morrow Sparling T, Franich A, Rolker H, Snilstveit B. 2022. Making the most of existing research: An evidence gap map of the effects of food systems interventions in low-income and middle-income countries. *BMJ Open*. 12(6):e055062.

⁹ Dewey KG, Stewart CP, Wessells KR, Prado EL, Arnold CD. 2021. Small-quantity lipid-based nutrient supplements for the prevention of child malnutrition and promotion of healthy development: overview of individual participant data meta-analysis and programmatic implications. *American Journal of Clinical Nutrition*. 114(Suppl 1):3S-14S; Dewey KG, Arnold CD, Wessells KR, Prado EL, Abbeduto S, Adu-Afaruwah S, et al. 2022. Preventive small-quantity lipid-based nutrient supplements reduce severe wasting and severe stunting among young children: an individual participant data meta-analysis of randomized controlled trials. *American Journal of Clinical Nutrition*. 116(6):1314–1333; Stewart CP, Wessells KR, Arnold CD, Huybregts L, Ashorn P, Becquey E, Humphrey JH,

On sourcing, manufacturing capacity for these products is not confined to the United States. Regional production has been deliberately developed over the past two decades, including through UNICEF supply arrangements; however, displacing established regional manufacturers would undermine the RFI's own objective of reducing long-term dependence on external assistance. We recommend that sourcing decisions prioritize existing regional manufacturing capacity, quality assurance and product specification, and total delivered cost, with U.S. manufacturing reserved for contexts where regional capacity is unavailable or insufficient.

We would welcome clarification from the USDA on whether ready-to-use therapeutic and supplementary foods for the treatment of acute malnutrition fall within the non-emergency Title II envelope or are carved out to emergency programming. Because wasting occurs continuously in non-emergency contexts, not only during acute crises, prevention and treatment are most efficient when planned together.

Because of perishability, cold-chain requirements, and transportation costs, fresh foods are generally better procured regionally than shipped long distances as food assistance commodities. Specialized products and locally sourced fresh foods are therefore complementary rather than competing: the former can address micronutrient adequacy for vulnerable age groups, while local sourcing and market development address diet diversity and build food system capacity.

How could USDA better utilize other commodity programming modalities to address the underlying causes of food insecurity without creating disincentives to domestic production or negative market impacts?

Food-for-work has the potential to create permanent infrastructure contributing to future economic productivity. Where food assistance is channeled to populations unable to meet their food needs, the food provided may be additional rather than substituting for food they would otherwise have purchased.

Where feasible, USDA should explore delivery models that leverage existing community platforms with strengthening local food systems and markets. Community feeding programs, schools, and maternal and child health services can combine U.S.-provided commodities with locally available foods to improve dietary quality, increase community ownership, and support local agricultural markets. Similarly, where program authorities permit, processing or blending of U.S.-provided commodities with locally sourced ingredients may strengthen regional capacity while maintaining product quality and nutritional objectives.

What supply chain constraints affect timeliness, food safety, storage, or delivery?

Infrastructure constraints: roads, storage capacity, and transportation capacity. Weather events. Civil disruption and insecurity affecting access to program areas. For specialized nutritious foods, shelf life, heat exposure during transit and storage, and last-mile handling affect product integrity, and packaging format affects spoilage and household-level adherence.¹⁰ These are tractable

Dewey KG. 2020. Lipid-based nutrient supplements and all-cause mortality in children 6–24 months of age: a meta-analysis of randomized controlled trials. *American Journal of Clinical Nutrition*. 111(1):207–218.

¹⁰ World Food Programme. 2024. Managing the supply chain of specialized nutritious foods. WFP;

World Health Organization. 2016. Guideline: use of multiple micronutrient powders for point-of-use fortification of foods consumed by infants and young children aged 6–23 months and children aged 2–12 years. Geneva: WHO.

problems that can be remediated by program design decisions. Packaging format especially deserves explicit attention in commodity selection, as it determines resupply frequency, storage burden on the household, spoilage risk after opening, and adherence (and therefore whether the nutritional benefit is realized).

Aflatoxin is a persistent risk in maize and groundnuts, which are staples of food assistance and the base of many specialized nutritious foods. Both crops readily develop aflatoxins under the hot, humid storage and transport conditions common in Title II settings. Aflatoxins are classified as Group 1 human carcinogens, and chronic exposure has been associated with impaired child growth and immune suppression.¹¹ Exposure levels relative to body weight are higher in young children than adults, which concentrates the risk in exactly the age group these programs target.

Commodity selection, storage specification, and testing protocols should account for this explicitly. U.S. commodity quality control is a real advantage, provided that advantage is not lost in downstream storage and handling.

C. Nutrition Considerations

How should USDA plan to address nutritional benefits for adults and children within non-emergency Title II programming?

Non-emergency programming should be designed for the nutritional constraints of their specific setting. In emergencies, immediate food availability and access are often the dominant constraints. In non-emergency settings, malnutrition persists for a wider set of reasons, including poverty, repeated infection, inadequate water and sanitation, food safety, low agricultural productivity, limited access to land, and the affordability of nutrient-dense foods. Programming that addresses only availability will not move outcomes in these circumstances. A situation analysis should therefore determine whether food is locally available but unaffordable, or whether markets and food supply systems themselves are not functioning.

Coordinate rather than duplicate. USDA should coordinate with national governments, the World Food Programme, UNICEF, the World Bank, and other stakeholders. Non-emergency programming operates alongside existing national nutrition platforms, and its value depends on complementing rather than duplicating them. The World Bank Investment Framework for Nutrition offers a guide to prioritizing investments with the strongest cost-effectiveness evidence, and the World Bank Optima Nutrition tool supports country-specific prioritization.¹²

Prioritize diet quality and dietary diversity. Fruits, vegetables, and animal-source foods are absent from most diets in program countries and unaffordable to many households. Globally, 2.60

¹¹ Khlangwiset P, Shephard GS, Wu F. 2011. Aflatoxins and growth impairment: a review. *Critical Reviews in Toxicology*. 41(9):740–755.

¹² Shekar M, Shibata Okamura, K, Vilar-Compte M, Dell’Aira C, editors. 2024. *Investment Framework for Nutrition 2024. Human Development Perspectives Overview booklet*. World Bank.

Slim, F., Ibrahim, Z., Toufeili, I. et al. 2025. Assessing food insecurity strategies across twelve countries from different income levels: a sustainability and food systems perspective. *Discov Sustain* 6, 689; Scott, N., Wickramaarachchi, T., Rovelo-Velázquez, N. et al. 2026. Scaling up evidence-based interventions to reduce maternal and child undernutrition in 125 countries: a cost-benefit analysis. *Int J Equity Health* 25, 163.

billion people could not afford a healthy diet in 2024; in low-income countries, the number unable to afford one rose from 464 million in 2019 to 545 million in 2024.^{13,14}

Protect, promote, and support breastfeeding. Breastfeeding protection, promotion, and support should be integral to non-emergency programming. The 2016 and 2023 Lancet Breastfeeding Series summarize both the evidence and the structural and commercial barriers involved.¹⁵ Food assistance should be designed so that it does not displace breastfeeding or undermine recommended complementary-feeding practices.

Combine food provision with sustained behavior change. Title II programs have historically addressed the nutritional needs of pregnant and lactating women and children younger than 2 years through maternal and child health services, sometimes incentivizing attendance through food provision. Where this approach is used, nutritious food provision should be paired with evidence-based behavior-change support and a clear transition plan. Otherwise, attendance or recommended practices may decline when food assistance is withdrawn.

Integrate nutrition with health platforms. Undernutrition and infectious disease are mutually reinforcing: undernutrition impairs immune function and raises infection risk and severity, while infection drives nutrient loss, anorexia, and enteric damage. This is well established across disease states; WHO recently extended nutritional assessment to tuberculosis (TB) care and the household contacts of people with TB, noting that 48% of people with TB have undernutrition.¹⁶ The programmatic implication is general rather than disease-specific: delivering nutrition through existing health platforms is frequently more efficient than building parallel structures and reaches chronically ill households that geographic or food-based targeting may miss.

Use school feeding strategically. School feeding programs can provide nutritious meals to school-age children and offer a platform for delivering fortified foods and nutrition education. Title II commodities may be complemented by locally produced foods, thereby improving meal quality while supporting local food systems. Program design should nevertheless address evidence gaps, such as: how the school meal affects the child's total 24-hour dietary intake and diet quality; whether it changes intrahousehold food allocation; and whether it improves or inadvertently displaces healthy consumption practices.¹⁷ School feeding programs also require a credible

¹³ FAO, IFAD, UNICEF, WFP, WHO. 2025. The State of Food Security and Nutrition in the World. Rome: FAO.

¹⁴ World Health Organization. 2023. WHO Guideline for complementary feeding of infants and young children 6–23 months. Geneva: WHO.

¹⁵ Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 387(10017):475–490; Vosti SA, Jarvis M, Thompson L, Becher E, Beye M, Ishaya F, Koudougou K, Engle-Stone R, Adams KP. 2026. Cost-Efficiency and Cost-Effectiveness of Alternative Bouillon Fortification Programs: Evidence for Burkina Faso, Nigeria, and Senegal. *Ann N Y Acad Sci*. 1556(1):e70137.; Pérez-Escamilla R, Tomori C, Hernández-Cordero S, Baker P, Barros AJD, Bégin F, et al. 2023. Breastfeeding: crucially important, but increasingly challenged in a market-driven world. *Lancet*. 401(10375):472–485.

¹⁶ World Health Organization. 2025. WHO consolidated guidelines on tuberculosis. Mod. 6: Tuberculosis, comorbidities. 2nd ed. Geneva: WHO.

¹⁷ Gelli A, Bell W, Bliznashka L, Eustacchio-Colombo P, Heirman J, et al. 2026. School meals in the 21st century: Key evidence gaps and future directions. IFPRI Working Paper. Washington, DC: International Food Policy Research Institute; <https://hdl.handle.net/10568/179539>

sustainability and financing strategy, potentially including progressive government financing, so that meals do not cease abruptly when Title II commodities are withdrawn.

Anticipate the double burden. The double burden of undernutrition and overweight has increased in the poorest low- and middle-income countries, driven mainly as food systems make cheap, energy-dense food more available and accessible.¹⁸ We recommend that USDA apply the double-duty framing developed for precisely this problem: program and policy actions designed to address multiple forms of malnutrition rather than trading one against another.¹⁹

Measure nutrition properly. Programs frequently rely on anthropometry alone, which cannot detect micronutrient deficiencies or distinguish the mechanisms driving poor growth. A fuller assessment approach, including anthropometry, biomarkers, clinical indicators, and dietary intake, supports better targeting and honest evaluation. Programs intended to improve micronutrient status should measure relevant biomarkers where feasible and interpret them alongside inflammation and other factors that affect biomarker concentrations.

What types of fortification considerations should USDA consider?

All modalities named in the RFI (e.g., biofortification, post-harvest, and industrial fortification at large, local, and household scale) have a role. Their appropriateness is context-specific and should be matched to documented needs rather than selected in advance.

Match modality to problem, using data. Use existing data, or collect new data, to align the fortification approach with the nutrition problems identified: large-scale fortification or biofortification for widespread deficiencies of specific nutrients, versus home fortification for children 6–23 months. Use modeling to compare designs (which nutrients, in which amounts, in which vehicles) against benefits, risks, and costs. Example tools include MINIMOD.²⁰]

Large-scale food fortification. USAID's Large-Scale Food Fortification Programming Guide remains a sound technical foundation, is aligned with WHO Guidance, and should carry forward rather than be lost in the transition.²¹ Large-scale fortification can be highly effective when a suitable vehicle is centrally processed, widely consumed, accessible to marginalized households, and supported by effective regulation and quality assurance. Conversely, commercial fortification will not reach populations that rely primarily on informally produced or minimally processed foods (e.g., households that purchase rock salt and grind it at home).

Biofortification. Biofortification can provide a sustainable source of micronutrients where

¹⁸ Popkin BM, Corvalan C, Grummer-Strawn LM. 2020. Dynamics of the double burden of malnutrition and the changing nutrition reality. *Lancet*. 395(10217):65–74.

¹⁹ Hawkes C, Ruel MT, Salm L, Sinclair B, Branca F. 2020. Double-duty actions: seizing programme and policy opportunities to address malnutrition in all its forms. *Lancet*. 395(10218):142–155.

²⁰ Vosti SA, Jarvis M, Thompson L, Becher E, Beye M, Ishaya F, Koudougou K, Engle-Stone R, Adams KP. 2026. Cost-Efficiency and Cost-Effectiveness of Alternative Bouillon Fortification Programs: Evidence for Burkina Faso, Nigeria, and Senegal. *Ann N Y Acad Sci*. 1556(1):e70137.

²¹ United States Agency for International Development. 2022. Large-scale food fortification programming guide [Internet]. USAID, Washington, DC; Allen L, de Benoist B, Dary O, Hurrell R, eds. 2006. Guidelines on Food Fortification with Micronutrients. Geneva, Switzerland: World Health Organization and Food and Agriculture Organization of the United Nations.

targeted staple crops are widely grown and consumed and biofortified varieties are accepted. Crops developed to provide iron, zinc, or provitamin A may contribute to improved micronutrient intake, such as rice or other culturally relevant staples.²² USDA should consider agronomic performance, nutrient retention after storage and cooking, consumer acceptance, seed-system sustainability, and the extent to which the crop reaches nutritionally vulnerable populations. Biofortification should complement rather than replace dietary diversification, fortification, or supplementation where nutrient needs are high.

Fortification quality assurance. Fortification programs should include enforceable product specifications, premix quality assurance, quantitative testing at production and distribution points, and monitoring of nutrient stability through the end of shelf life. Nominal fortification standards are insufficient if products are underfortified, nutrients degrade during shipping or storage, or intended recipients do not consume the expected quantity.

Home fortification. Home fortification is particularly relevant for children 6–23 months and includes micronutrient powders (MNPs) and small-quantity lipid-based nutrient supplements (SQ-LNS). MNPs reduce anemia and micronutrient deficiencies, as reflected in WHO guidance and the corresponding Cochrane reviews; program guidance is available through the Home Fortification Technical Advisory Group.^{10,23} SQ-LNS reduce the risk of mortality, stunting, wasting, anemia, micronutrient deficiencies, and developmental delay: a meta-analysis of 14 randomized trials in children 6–24 months (n > 37,000) found 12–14% lower prevalence of stunting, wasting, and underweight and 16–19% lower odds of scoring in the lowest decile for language, social-emotional, and motor development, with relative reductions of 31% in severe wasting and 17% in severe stunting.⁹ SQ-LNS should be considered in settings where children are at risk of wasting. Program guidance is available through the SQ-LNS Task Force.

In addition to pregnant and lactating women, what age ranges of children should USDA target for fortified products?

- General population: iodized salt should reach the whole population. Population-based approaches such as folic acid fortification of wheat flour improve population nutritional status broadly and reduce neural tube defect risk. Vehicles should be identified with national partners using sub-nationally representative dietary intake data.
- Children 6–23 months are the most vulnerable age range and should be prioritized. This period forms the postnatal portion of the first 1,000 days, during which nutrient needs are high relative to energy intake and inadequate nutrition can have lasting consequences for growth, development, and health. Targeted fortified products (containing specific nutrients such as

²² Ibrahim SN, Ronie ME, Abdul Aziz AH, Pindi W, Roslan J, Abdul Kadir NAA, et al. 2026. Biofortified and functional rice: a critical review of nutritional enhancement and health benefits. *Food & Humanity*. 6:101040.; Low JW, Mwanga ROM, Andrade M, Carey E, Ball AM. 2017. Tackling vitamin A deficiency with biofortified sweetpotato in sub-Saharan Africa. *Glob Food Sec*. 14:23-30. doi: 10.1016/j.gfs.2017.01.004. PMID: 28989861; PMID: PMC5614018.; Nestel P, Bouis HE, Meenakshi JV, Pfeiffer W. Biofortification of staple food crops. *JN*. 2006; 136(4): 1064-1067

²³ Suchdev PS, Jefferds MED, Ota E, da Silva Lopes K, De-Regil LM. 2020. Home fortification of foods with multiple micronutrient powders for health and nutrition in children under two years of age. *Cochrane Database of Systematic Reviews*. 2(2):CD008959.; De-Regil LM, Jefferds MED, Peña-Rosas JP. 2017. Point-of-use fortification of foods with micronutrient powders containing iron in children of preschool and school-age. *Cochrane Database of Systematic Reviews*. 11(11):CD009666.

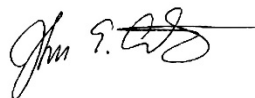
omega-3 fatty acids for brain development) intended to prevent undernutrition should not deliver large amounts of energy, so that continued breastfeeding and consumption of diverse household foods are preserved. Small-quantity products (under roughly 120 kcal) are readily consumed by infants and cost less than larger-quantity products. Relevant WHO guidance includes the Guideline for complementary feeding of infants and young children 6–23 months of age and the Guideline on the prevention and management of wasting and nutritional oedema in infants and children under 5 years.^{14,24}

- Children 24-59 months: Children aged 2-5 years may also require targeted fortified foods where wasting, food insecurity, or micronutrient deficiencies remain prevalent. Eligibility should be determined by the intervention's purpose and local epidemiology rather than age alone; therapeutic products should be provided according to established clinical criteria.
- School-age children and adolescents (5-19 years) are at risk of nutrient deficiencies in some countries.
- Pre-adolescent and adolescent girls: Waiting until pregnancy to address micronutrient deficiencies is too late to fully protect maternal and infant health. Pre-adolescent and adolescent girls should therefore be considered a priority for interventions to improve diet quality and micronutrient status before conception. Appropriate interventions may include fortified foods, iron and folic acid supplementation consistent with national and WHO guidance, school meals, infection control, and nutrition education.
- Pregnant and lactating women: USDA should coordinate with health systems and national programs to support micronutrient supplementation in pregnancy and protect breastfeeding. Programming should also address maternal diet quality, anemia screening and treatment, adequate gestational weight gain, calcium intake, and postpartum nutritional recovery. Balanced energy-protein (BEP) supplementation also warrants explicit consideration. WHO recommends BEP supplementation in pregnancy in undernourished populations to reduce the risk of stillbirth and small-for-gestational-age births. Additionally, because BEP is delivered as a fortified food rather than a tablet, it is directly actionable within a commodity-based food assistance program.

Across age groups, USDA should define the nutritional objective before selecting a commodity or fortified product. Programs should identify the population and nutrient gap to be addressed, select an evidence-based intervention capable of addressing that gap, integrate delivery with existing national systems, and conduct both process and outcome evaluations.

Thank you for considering the comments provided by ASN related to the Non-Emergency Title II Food for Peace Program.

Sincerely,



John E. Courtney, Ph.D.
Chief Executive Officer

²⁴ World Health Organization. 2023b. WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years. Geneva: WHO.