

Annual Program Statement Addendum

Addendum L: Accelerating Nutrition Progress

U.S. Department of State *Bureau of Global Health Security and Diplomacy (GHSD)*

A. Basic Information

1. Overview

The Bureau of Global Health Security and Diplomacy (GHSD) of the U.S. Department of State invites organizations to submit Statements of Interest (SOIs) to carry out projects to accelerate reductions in maternal and child mortality, infectious disease burden, and malnutrition through integrated nutrition service delivery and sustainable nutrition financing in high-burden countries. The purpose of this addendum is to indicate specific areas where the Department of State would like to receive SOIs. Submission instructions are included in the “Advancing Global Health” Annual Program Statement (APS). The submission of an SOI is the first step in a two-step application process. Interested organizations must first submit a concept note presenting a project approach and intended outcomes. Importantly, this is not a full proposal and will not result in a federal assistance award at this stage; the SOI process is to allow applicants to submit project ideas for evaluation prior to requiring the development of a full proposal application.

Funding opportunity title	Advancing Global Health
Funding opportunity number	DFOP0017890
Addendum title	Accelerating Nutrition Progress
Deadline for questions	September 3, 2026 [1700 EDT GMT-4]
SOI due date	October 30, 2026 [1700 EDT GMT-4]
Number of awards anticipated	Up to 12 awards
Total estimated funding	Up to \$115,000,000, subject to availability
Geographic focus	Burkina Faso, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, Madagascar, Mali, Mozambique, Niger, Nigeria, South Sudan, Tanzania

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

As noted in the "Advancing Global Health" APS, the Department of State may opt to utilize a consultative program design process for certain Addenda, and SOIs submitted under this Addendum may be recommended for continued review through consultative program design prior to recommendation for funding and submission of phase two. Additional details about the consultative program design process can be found in the main APS document within Section F: "Application Review Information."

2. *Executive Summary*

The Department of State invites eligible organizations to submit SOIs to support the Accelerating Nutrition Progress addendum, a catalytic initiative designed to accelerate reductions in maternal and child mortality, infectious disease burden, and malnutrition in high-burden countries through integrated nutrition service delivery and sustainable nutrition financing. Consistent with the America First Global Health Strategy (AFGHS), the initiative seeks to strengthen country ownership and reduce long-term reliance on foreign assistance by incentivizing domestic investment in proven nutrition interventions delivered through existing health systems and community platforms. The addendum will support time-bound, country-led investments focused on high-impact nutrition interventions, including: 1) support for optimal infant and young child feeding practices; 2) maternal nutrition and prenatal micronutrient supplementation; 3) vitamin A supplementation; 4) nutrition surveillance and data systems to guide intervention selection and target populations for maximum impact; and 5) the prevention and management of child wasting. Investments are intended to be integrated within broader maternal and child health, HIV, tuberculosis, malaria, and community health platforms to improve efficiency, strengthen continuity of care, and maximize reach of the highest burden communities and health impact. Activities should complement implementation plans under U.S. government bilateral health memorandums of understanding (MOUs) or multi-year plans.

The Addendum is limited to the following countries: Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, Madagascar, Mali, Mozambique, Niger, Nigeria, South Sudan, and Tanzania. These countries reflect where the malnutrition burden is significant and where integrated nutritional programming can complement activities in maternal and child health, tuberculosis, HIV, and malaria to advance health outcomes in these health areas.

The initiative seeks to mobilize domestic nutrition financing and support the sustainable transition toward government-led nutrition systems. National governments that benefit from this activity will be required to develop a sustainability plan that includes country co-investment for nutrition beginning in year two. National governments that will benefit from this activity will also be required to submit a costed national nutrition plan in years two, three, four and five of the award. Programming under this Addendum may include strategic assistance to strengthen nutrition financing and planning, and applicants are encouraged to consider implementation support for integrated nutrition service delivery through local, faith-based, community-based, private sector, and other qualified partners to comprehensively reach high-burden communities. These coordinated investments are intended to strengthen health system resilience, improve child survival and maternal health outcomes, reduce vulnerability to infectious disease threats, and advance shared U.S. and partner-country health security priorities.

B. Program Description

Globally, an estimated 149 million children are stunted, 45 million are wasted, and more than 35 million pregnant women are anemic – all conditions that substantially increase risks of maternal morbidity and mortality, including postpartum hemorrhage, and drive preventable child deaths. Undernutrition contributes to approximately 45 percent of mortality among children under five, with wasting associated with up to an eleven-fold higher risk of death. Beyond these direct impacts, malnutrition weakens immune function, heightens susceptibility to infectious diseases such as malaria, tuberculosis, HIV, pneumonia, and measles, and undermines the effectiveness of

outbreak response. In fragile and food-insecure settings, these dynamics accelerate disease transmission, strain already limited health systems, and increase the likelihood of cross-border spread. Therefore, addressing malnutrition is a strategic investment in health system resilience, epidemic preparedness, and U.S. health security.

Despite substantial global investments in nutrition programming, domestic financing for nutrition in many low- and middle-income countries (LMICs) remains limited, fragmented across sectors, and difficult to track, creating significant challenges for sustaining proven interventions at scale. In many settings, high-impact nutrition interventions are delivered through routine maternal and child health, HIV, tuberculosis, malaria, and community health systems that are already underfunded, further complicating dedicated financing and long-term sustainability. Consistent with the AFGHS, bilateral partnerships to advance health outcomes provide an opportunity for the U.S. government to support more sustainable and country-led approaches to nutrition assistance that incentivize domestic resource mobilization, strengthen integrated service delivery, improve health outcomes and reduce long-term reliance on foreign assistance.

As part of a broader effort to strengthen sustainable and integrated health systems, the Addendum will support catalytic, time-bound support in nutrition in high-burden countries where malnutrition remains a significant driver of maternal and child mortality and infectious disease vulnerability. The Nutrition Addendum will be limited to Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, Madagascar, Mali, Mozambique, Niger, Nigeria, South Sudan, and Tanzania. This investment is intended to accelerate progress in maternal and child health, HIV, tuberculosis, malaria, and other health outcomes by supporting integrated delivery of evidence-based nutrition interventions that can comprehensively reach the high burden communities through existing health and community platforms.

The Nutrition Addendum invites sustainable innovative approaches to scale-up evidence-based nutrition services and incentivizes governments to increase domestic investment in proven nutrition interventions by matching government commitments with donor resources. Through this approach, the mechanism seeks to shift nutrition financing from donor-dependent programming toward sustainable, government-owned systems. Programming supported under this Addendum may include strategic assistance to support development, execution, and tracking of costed nutrition action plans; strengthening nutrition financing and accountability systems; and implementation of integrated and scalable nutrition interventions through local, faith-based, community-based, private sector, or other qualified partners.

Priority interventions include support for one or more of the following interventions, guided by country-specific epidemiological and program data: 1) optimal infant and young child feeding practices through frontline healthcare workers and counseling; 2) maternal nutrition and prenatal micronutrient supplementation; 3) vitamin A supplementation; 4) nutrition surveillance and data systems to guide intervention selection and target populations for maximum impact; and 5) management of child wasting. Investments are expected to prioritize integrated service delivery, local partnership, sustainability, measurable health impact, and alignment with country-led health, nutrition priorities, MOU implementation plans, multi-year plans, and other bilateral health investments. Investments must also have a demonstrated path to scale up.

1. *Goals and Objectives*

The goal of this Addendum is to accelerate reductions in maternal and child mortality, infectious disease burden, and malnutrition through sustainable nutrition financing and integrated delivery of high-impact nutrition interventions in high-burden countries. Programming should strengthen country ownership, improve integration of nutrition within broader health systems, and support transition toward sustainable, government-led nutrition services consistent with the AFGHS.

Single Objective: Deliver Integrated High-Impact Scalable and Sustainable Nutrition Services Through Existing Health and Community Platforms

Recipients will deliver integrated, evidence-based nutrition interventions at scale through maternal and child health, HIV, tuberculosis, malaria, immunization, and community health platforms to improve maternal and child health outcomes and reduce vulnerability to infectious disease threats. Activities may include one or more of the following based on country-level data and gaps: support for optimal infant and young child feeding practices through frontline healthcare workers and counseling, skilled breastfeeding support, maternal nutrition and prenatal micronutrient supplementation, vitamin A supplementation, strengthening nutrition surveillance and data systems, and prevention and management of child wasting. Nutrition services should target pregnant and breastfeeding women and children under five years (with a focus on children under two years).

Programming should prioritize integration, local partnership, and alignment with country-led health, nutrition priorities, MOU implementation plans, multi-year plans, and other bilateral health investments. Programming should demonstrate a clear path to impact, scale-up and sustainability, specifying the expected level of coverage, approach and partnerships leveraged to reach a high level of scale. Recipients will strengthen sustainable nutrition financing and support country-led planning, prioritization, and execution of evidence-based nutrition activities. Activities should focus on identification and mobilization of domestic resources and may include development and implementation of costed nutrition action plans; nutrition financing tracking and accountability systems; and support for disbursement-linked financing mechanisms for nutrition.

Approach to country ownership and sustainability

Additional country co-investment under this APS addendum is not required in the first year. However, in the first year, projects will work with recipient governments to develop a sustainability plan, if not already in place. The plan must include specific expectations for country co-investment beginning in year two. Co-investment for nutrition may be counted toward overall bilateral health MOU co-investment commitments where applicable.

2. *Guiding Principles*

Projects supported under this addendum will be guided by the principles outlined in the AFGHS, emphasizing targeted, results-driven investments that protect the health and security of the American people while emphasizing sustainable, country-led, and results-driven investments that

strengthen nutrition outcomes, improve maternal and child health, and reduce vulnerability to infectious disease threats. Competitive SOIs are encouraged to demonstrate the following principles:

- Integrated Health and Nutrition Service Delivery: Programming should prioritize delivery of high-impact nutrition interventions through integrated maternal and child health, HIV, tuberculosis, malaria, immunization, and community health platforms in order to improve efficiency, continuity of care, and health outcomes. Applicants are encouraged to identify a focused set of evidence-based nutrition interventions and prioritized geographic areas where integrated service delivery can achieve measurable impact, while demonstrating how these interventions and proposed approach can be brought to scale.
- Country Ownership and Sustainable Nutrition Financing: Consistent with the AFGHS, and the approach to country ownership and sustainability section of this Addendum, competitive SOIs are encouraged to demonstrate how domestic resources and financing commitments would complement U.S. government support over time.