The Reaching Children’s Potential Demonstration Program: A comprehensive approach to breaking the cycle of intergenerational stunting and poverty

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Executive Summary

Stunting is a devastating condition that robs children of their future. It seriously impairs cognitive ability and adversely affects long term health. Worldwide, 22 percent – nearly one out of four – of all children under five are stunted, and the percentage is much higher in rural Africa.1 But stunting is preventable. In rural Tanzania villages, parents, through Global Volunteers Reaching Children’s Potential (RCP) Demonstration Program, are implementing behavioral changes that appear to be significantly reducing the rates of stunting.

Stunting begins in utero and if it persists beyond the 2nd birthday, it is most often permanent. It dramatically and substantially impairs cognition and significantly affects health for the child’s entire life.2 Stunted children struggle to learn, suffer unnecessary illnesses, and are unable to contribute to their society’s economy. Stunting is an unjust life sentence for a crime, for which children are not responsible, and that parents struggle to prevent.

Stunting is caused by insufficient food, nutrition, and protection from disease during the first 1000 days, from conception to the 2nd birthday.3 But when parents have sufficient knowledge, appropriate technologies and tools, and adequate personal support, they can provide their children with the necessary food, nutrition, stimulation, health care, and education to ensure they are not stunted.

At the invitation of our longtime partner, the Iringa diocese of the Evangelical Lutheran Church in Tanzania, (ELCT–IRD), and in an effort to help parents deliver the essential services required to eliminate stunting, Global Volunteers initiated the RCP Demonstration Program in July 2017 in rural villages of the Iringa Region. Preliminary findings suggest that in the two years through June 2019, rates of stunting in children 0 to 2 are lower when compared to older children where the RCP program is being conducted. Although these results are preliminary and require outside analysis, the trend is significant and hopeful.

RCP is a comprehensive program that addresses a majority of the Sustainable Development Goals (SDGs) simultaneously, including poverty, hunger, health, water and sanitation, energy, economic growth, inequality, sustainable communities, and climate. In support of parental and community engagement, the key component to RCP’s success is the engagement of short-term volunteers – professionals, students, retirees, families, and average people from academic institutions, faith-based organizations, corporations, and professional associations. Volunteers conduct workshops to transfer parental knowledge; introduce appropriate technologies and tools that enhance household food production, hygiene, healthcare and education; participate on weekly home visits which reinforce the workshop lessons and offer personal support to parents; work in the health clinic assisting Tanzanian health professionals; teach math, science, geography, and English in the schools; participate on children’s English language camps; mentor aspiring cooperatives to help generate household income, and provide program operational funding.

Global Volunteers’ RCP program helps break the cycle of intergenerational poverty by eliminating stunting.
The Challenge: Breaking the Cycle of Intergenerational Poverty

Intergenerational poverty is a condition that is passed from parent to child and persists for two or more generations\(^4\). It often locks children in a cycle that, without meaningful changes, is nearly impossible to break, especially in developing countries.

There is a significant relationship between intergenerational poverty and stunting\(^5\). Stunting is readily measurable, “defined as a height that is more than two standard deviations below the World Health Organization (WHO) child growth standards median. It is a largely irreversible outcome of inadequate nutrition and repeated bouts of infection during the first 1000 days of a child’s life.”\(^6\) When stunting persists through the 2\(^{nd}\) birthday, it is most often permanent and substantially diminishes a person’s capacity to learn and earn throughout their life.\(^7\)

The World Health Organization (WHO) reports that:

> “Childhood stunting is one of the most significant impediments to human development, globally affecting approximately 162 million children under the age of 5 years. . . . Stunting has long-term effects on individuals and societies, including: diminished cognitive and physical development, reduced productive capacity and poor health, and an increased risk of degenerative diseases such as diabetes.”\(^8\)

Stunting is among the most difficult challenges facing the planet today “because women who were themselves stunted in childhood tend to have stunted offspring, creating an intergenerational cycle of poverty and reduced human capital.”\(^9\) Because the window to prevent stunting is only open for 1000 days, parents are the best resource to address this issue. However, when parents do not have the necessary knowledge, lack the appropriate technologies and tools, and have little means for support, the problem is intractable. Impoverished communities with significant percentages of stunted children fail to develop economically because they are deprived of the intellectual capital and healthy population required to develop. So, poverty recycles from generation to generation.

Global poverty rates have declined in the past decades, but they remain way too high. Moreover, 22 percent of all children under 5 worldwide are stunted\(^10\), and in Tanzania, 34 percent suffer from stunting\(^11\), with a higher percentage in rural areas. A world where children are so under nourished and so afflicted with disease that they struggle to learn, don’t develop physically, are ill equipped to contribute to the local economy, and in many cases, die prematurely, does not bode well for the future of our planet.

Reducing the rate of poverty is increasingly challenging because the extreme poor often live in remote areas where sufficient food, nutrition, health care, good schools, electricity, safe water, and sanitation are inadequate or unavailable.\(^12\) To significantly reduce poverty requires a substantial reduction in stunting to ensure children have the intellectual capacity to learn and to earn. Further, reducing poverty requires reliable food and nutrition because hungry children cannot learn; safe water, sanitation, and health care so children remain sufficiently healthy to learn; quality schools so children have genuine opportunities to learn; and job opportunities for parents so they can afford to send their children to schools where they can learn.

Poverty, stunting, nutrition, healthcare, and knowledge are inextricably interrelated and must be addressed comprehensively and simultaneously.
A Novel Approach: Reducing Intergenerational Poverty by Breaking the Cycle of Stunting through Behavior Change

At the invitation of the Catholic Church and local government officials, Global Volunteers began working with the precursor of the RCP program in the fishing village of Anse La Raye, St. Lucia in 2012. Recognizing the relationship between cognitive development and nutrition and health, Global Volunteers built upon the pre-existing government effort, the Roving Caregivers Program. This program provided St. Lucia mothers with support to enhance early child development and parenting skills, and Global Volunteers provided volunteers to supplement the program’s objectives. In 2014, the government passed the management of the Roving Caregivers Program to Global Volunteers. We had already initiated several programmatic changes, such as providing Earthboxes (container gardens) to mothers; adding workshops to supplement knowledge transfer; and encouraging a women’s club. When the St. Lucia government transferred the program, we renamed it Reaching Children’s Potential (RCP), and shortly thereafter recognized it as a pilot for future expansion. With the sunsetting of the RCP program in St. Lucia, Global Volunteers looked to replicate RCP to a new location.

Because Global Volunteers and the ELCT-IRD had worked together in rural villages since 1987, the ELCT-IRD invited Global Volunteers to initiate RCP in Tanzania. The program goal is to address the challenge of intergenerational poverty by eliminating stunting in the Iringa region of Tanzania with three main presuppositions:

- The future demands that every child has the opportunity to reach their full potential.
- Stunting, the condition that underlies the inability to learn and earn, is rooted in a set of culturally engrained obstacles and behaviors directly connected to nutrition, health, and education – some are systemic, however, many are related to individual, family, and community behaviors.
- Success requires a comprehensive, sustainable, and parent driven effort, substantially different from other strategies.

Tanzania continues to have a high rate of malnutrition with 34 percent of its population under 5 years suffering from chronic malnutrition and stunting, but it demonstrates high growth potential with an economic growth rate of 6 to 7 percent per year.13 These trends suggest that the RCP program premise that eliminating stunting breaks the cycle of poverty, could have great value in catalyzing the nation’s growth. Recognizing the fact that extreme poverty is more pervasive in rural areas,14 the ELCT-IRD selected the Ukwega Ward in the Iringa Region as the site where an RCP demonstration program could be impactful, and Global Volunteers started the program there in July 2017.

Global Volunteers, in partnership with the ELCT-IRD and local organizations including churches, local government officials, and community leaders, developed the RCP program to simultaneously and comprehensively address insufficient access to nutritious food, hygiene, healthcare, family planning, sanitation, clean drinking water, quality education, and appropriate technologies. RCP is a community-based, holistic approach that promotes long-term behavior change to improve the health of pregnant women, mothers, infants and toddlers by advancing parents’ knowledge, introducing appropriate food production and hygiene technologies, offering ongoing personal parental support, and providing a place for safe health care before, during and after birth.
The RCP program begins with pregnancy, continues through the 18th birthday, and focuses on the first 1000 days of life – that critical period of development where a child’s ability to reach their full potential is shaped. RCP in Tanzania leverages the power of strong relationships: a 30+-year partnership between Global Volunteers and the ELCT-IRD; multiple supportive alliances with community organizations and governmental agencies; agreements with US-based corporations and academic institutions; and local staff with deep ties, connections, and commitment to the communities served.

RCP is innovative in several ways, as described in the methodology section. However, it’s most innovative component is the engagement of a steady stream of short-term (one to four weeks), international volunteer professionals, students, retirees, and average people from academia, faith-based organizations, corporations, and professional associations. Volunteers serve under the direction of local leaders, work alongside local people and our Tanzania staff, and help parents deliver to their children essential services that prevent stunting.

By mobilizing and managing the world’s infinitely renewable resource, average people as short-term volunteers, RCP opens the door to permanent, positive change.
Methodology

The RCP program combines several interrelated innovative components that eliminate hunger, improve maternal and child health, enhance education, and save and enrich lives. These village-based components include (1) a fully operational modern health clinic staffed by Tanzanian medical personnel and supported by volunteer medical professionals; (2) interactive workshops that transfer relevant knowledge to pregnant women and parents; (3) appropriate technologies so families can produce their own food and maintain personal hygiene; (4) weekly home visits that reinforce the knowledge transferred, ensure technologies are being used effectively, and offer personal support; (5) food and micronutrient supplements for pregnant women, mothers, infants and toddlers to serve as an interim measure while families master food production technologies; (6) enhanced academic opportunities that improve education for preschool through secondary school students; and (7) cooperatives organized among RCP families to create and market products that generate household income.

All this is facilitated by the steady flow of volunteers who provide the necessary resources that ensure the success and sustainability of the program. All supports are delivered in collaboration with the ELCT–IRD, provided at the request of local leaders, and offered in partnership with local people.

1. The Ipalamwa General Clinic provides vital services that saves lives, including 24/7 quality care, deliveries, family planning, and infectious disease interventions. In many rural Tanzanian villages, healthcare is limited or nonexistent. Many women may see a healthcare professional only once during their pregnancy, and too often deliver their babies either at home unattended or in a sub-par facility. The clinic is staffed by well-educated, Tanzania medical professionals who are supervised and managed by ELCT-IRD’s Ilula Hospital, and supported by volunteer healthcare professionals. It offers a safe environment to give birth and for infants to spend their first 24 to 72 hours. The clinic began operations in August, 2018 and was fully registered in May, 2019. The facility provides health and well care for up to 10,000 residents in the surrounding area, 6,500 of whom qualify as members of RCP families. Global Volunteers, through the generous support of a family foundation grant and volunteer donations, provides all funding for the clinic, including medical and support staff salaries. Global Volunteers also supplies volunteer medical professionals to support, mentor, and offer continuing medical education to the local staff. In addition to preventative and acute care, this program component provides access to quality reproductive, maternal, and newborn healthcare, and addresses the known causes of maternal and infant mortality. The work of the clinic is bolstered and supported by a close working relationship with the Ministry of Health and the government’s regional and district medical offices. The clinic is owned and operated by Global Volunteers, situated on land owned by the ELCT–IRD and leased to Global Volunteers.

2. The RCP program is predicated on the recognition that parental knowledge is necessary to prevent stunting. Interactive parent workshops are conducted by volunteer professionals at the village RCP Center utilizing power points, videos, and hands-on experiential learning. The workshops are presented in English and translated into Swahili, and the videos and power points are all in Swahili. There are 35 health, nutrition, food, and child development workshop topics, including staying healthy during pregnancy, breastfeeding immediately after birth, effective hygiene practices, preventing infectious disease, understanding how to care for basic health needs, the benefits of nutritious food, the importance of early childhood
stimulation, oral healthcare, growing vegetables, raising chickens, the value of girls’ education, etc. Each volunteer professional is given a Leader Guide which follows the PowerPoint and outlines the material to be covered for their specific topic. The volunteer adds their knowledge of the subject matter utilizing their education, expertise, personal stories, and experience. Engaging and interesting interactive workshops are the vehicle that transfers critical knowledge to parents.

3. Appropriate technologies, including household handwashing stations to improve hygiene; highly productive and water conservative Earthboxes (container gardens) that grow vegetables and provide micronutrients; chickens and chicken coops that supply eggs and meat for protein; fuel efficient stoves that use less wood and vent carcinogenic smoke from cooking areas; bed nets that offer protection from malaria and other mosquito transmitted diseases; and water harvesting systems that capture rain water for household use are introduced by staff and volunteers during the workshops. Global Volunteers gives the physical technologies to the ELCT–IRD which then loans them to parents for household use with the understanding that families can continue to utilize the technologies for as long as they remain active in the RCP program.

4. RCP Caregivers, a Global Volunteers staff position similar to a community health worker, along with volunteer professionals, conduct weekly home visits to RCP families. Each caregiver has a caseload of 30 families and conducts one 45 minute visit weekly. The four objectives of the home visit are to (a) reinforce the lessons learned during the workshops; (b) help ensure proper use of technologies; (c) encourage parents to take their children to the clinic if they determine necessary, and (d) offer personal support which is so critical to facilitate effective behavior change. For example, flip charts are used to encourage parent discussions during home visits. The flip charts are comprised of the workshop PowerPoint slides on one side, and discussion points on the other side. The caregivers display the flip charts to reinforce the workshop lessons and then answer parents’ questions. The various household technologies are also inspected and the caregivers help parents use them as intended. Finally, we have learned over more than three decades of engaging short-term volunteers that volunteer professionals from far-off lands who show up at a person’s home to help them improve their life and their child’s future offer positive motivation and vital support. Change is difficult for everyone; however, knowing you are not alone can make even the most difficult challenges doable.

5. Fortified porridge and micronutrient supplements were provided to most mothers, infants, and toddlers in two of the villages during the 18 months between January, 2018 and June, 2019. Beginning in July, 2019, prepackaged meals consisting of rice, soy, dehydrated vegetables and a micronutrient flavoring mix that includes 23 essential vitamins and minerals are being provided twice a day for students in preschool and primary school, and pregnant women, new moms, and their infants and toddlers in three villages, with a plan to provide these nutritious meals to RCP families in all five villages in 2020. These meals supplement the daily diet – primarily cornmeal – until parents and schools become proficient at growing their own vegetables and raising egg producing chickens. The meals are donated to Global Volunteers by Rise Against Hunger, a US-based “international hunger relief organization that distributes food and life-changing aid to the world’s most vulnerable, mobilizing the necessary resources to end hunger by 2030.” The meals are stored at the Ipalamwa RCP Center and distributed to the schools monthly, and each RCP family every two weeks.
6. Volunteers teach math, science, geography, and English at the primary and secondary schools, and help facilitate quality early childhood education at the villages’ kindergartens (preschools). They also conduct conversational English language camps during weeks when school is not in session. In many communities, there are more students than classrooms can accommodate and more classrooms than teachers. Students seldom have textbooks that they can take home for study, and there are limited paper, pens, pencils, chalk, etc. Volunteers help fill the gaps by teaching in the classrooms and donating textbooks and supplies. They also offer a more interactive teaching style, which is often welcomed by the students as a shift from the normal routine.

7. Local women cooperatives, governed by their members, present RCP families the opportunity to make/grow and market products for sale in order to generate household income. Some cooperatives focus on crafts, such as weaving baskets, while others make clothing and school uniforms, or raise piglets. The principal objective is to increase the amount of money circulating in the village so that all families can improve their economic situation.

Volunteers are the resource that render all this possible. Volunteers change everything! Professionals, generalists, retirees, students, and families from nearly every discipline offer one to three weeks of their time, talent, and expertise, many returning year after year. Each volunteer is a vital link in this ongoing chain of volunteers. Volunteers pay for their own airfare and make a tax deductible contribution to Global Volunteers that covers their lodging, meals, ground transportation and a portion of program operating expenses.

Parents play the most important role in the success of the RCP Program. Parents the world over want what is best for their children and new parents, especially mothers, crave knowledge. Working with parents at the village level, RCP simultaneously and comprehensively addresses food, nutrition, hygiene, healthcare, family planning, sanitation, safe water, education, and jobs – all in their children’s first 1000 days of life. In exchange for their involvement in at least 80% of the workshops and their participation in not less than 80% of weekly home visits – time that would otherwise be devoted to producing their family’s livelihood – parents continue to qualify for the RCP program and the benefits thereof, such as household hand-washing stations, Earthboxes, nutritionally-fortified meals, and opportunities to learn and interact with their fellow community members, the RCP staff, and volunteers.

Additionally, because behavior change in the home is a central focus of this program, Global Volunteers depends upon families’ feedback to ensure all of the program elements are useful and impactful. Global Volunteers maintains a constant feedback loop with all available stakeholders in the community – families, clinic workers, and community partners – to ensure that the many pieces work together successfully.
**Data Collection and Analysis**

A team from St. John Fisher College Wegman’s School of Pharmacy led by Dr. Melinda Lull is conducting a research study to quantify any changes in stunting rates in children from families participating in the RCP program. The full objectives of this study are to analyze clinic measurements and family interview data collected by the RCP Program staff to:

a) Describe baseline characteristics of RCP families in five villages of the Ukwega Ward, Kilolo District, Iringa Region, Tanzania.

b) Describe baseline length/height measurements of children 0 – 5 from non-RCP families, nearby but outside Ukwega Ward, who do not participate in the RCP program.

c) Monitor child growth during participation in the RCP program to look for changes in length/height, weight, and head circumference.

d) Compare child measurements with interview information and RCP program participation data to look for correlations and/or predictors of health and wellness in participating children.

e) Compare child measurements from RCP families in Ukwega Ward with child measurements from non-RCP families.

f) Evaluate the efficacy of the RCP program at reducing stunting in children and improving the overall health of participating families.

With the primary objective of eliminating physical and intellectual stunting in rural Tanzania, the RCP program collects data related to growth and development of children participating in the program. In order to demonstrate the impact of the RCP program, direct measurements and interviews are used, as the combination is better able to understand outcomes.

Data collected include:

- length/height to age for children 0 to 5;
- parent’s participation in RCP activities;
- overall indicators of health; and
- interviews with parents and caregivers to examine determinants of child health, e.g., demographic information and health history.

Specific measurements and tests used are based on published reports describing the best indicators of growth and health, including the WHO Global Database on Child Growth and Malnutrition. Measurements were chosen to be non-invasive and easily conducted by individuals with appropriate training. All children are measured by the same staff person at the clinic using professional measurement pads and equipment, and recorded in CommCare a mobile data collection application by DiMiagi, Inc. Interview questions are based on factors previously shown to impact growth and health as well as progress on specific targets of the RCP program. Interviews are conducted by RCP Caregivers during home visits and recorded in CommCare.

Data from both measurements and interviews is deidentified to protect participant anonymity. The objective values are compared to the World Health Organization Global Database on Child Growth and Malnutrition. Changes in quantitative data over time are analyzed for improvements in measurements. Qualitative data from interviews and participation records are analyzed for themes in responses. Statistical correlation and comparisons tests of values are used to determine the statistical significance of changes and relationships observed in the data.
<table>
<thead>
<tr>
<th>Data Type</th>
<th>Source of Data</th>
<th>Timeline of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview with Head(s) of Household</td>
<td>RCP Caregiver Interview</td>
<td>At enrollment in RCP Program and select questions repeated yearly</td>
</tr>
<tr>
<td>Health History of Mother and Children</td>
<td>RCP Caregiver Interview &amp; Clinic Medical Record Reports</td>
<td>At enrollment in RCP Program and Clinic reports every 6 months</td>
</tr>
<tr>
<td>Non-invasive body measurements of mother</td>
<td>Clinic Medical Record Reports</td>
<td>Measurements at Clinic visits Clinic reports every 6 months</td>
</tr>
<tr>
<td>Non-invasive body measurements of children in household</td>
<td>Clinic Medical Record Reports</td>
<td>Measurements at monthly clinic well-child visits Clinic reports every 6 months</td>
</tr>
<tr>
<td>Participation in RCP Workshops and Home Visits</td>
<td>RCP Caregiver Visits</td>
<td>Weekly</td>
</tr>
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</table>
Preliminary Results

Preliminary growth data was extracted from the clinic electronic medical record (EMR) for analysis of early results of the RCP program. RCP is currently serving five villages in the Ukwega Ward; although, the preliminary data is from two villages where the program began in July, 2017 and one village where the program began in March, 2018. The RCP program began in the remaining two villages in July, 2019.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<td>RCP families in initial 3 villages</td>
<td>268</td>
</tr>
<tr>
<td>RCP participants</td>
<td>374</td>
</tr>
<tr>
<td># children between 2 and 5 years old when enrolled in RCP</td>
<td>128</td>
</tr>
<tr>
<td># children less than 2 years old when enrolled in RCP</td>
<td>252</td>
</tr>
</tbody>
</table>

Length/height and age at the time of visit was extracted for all children under 5 visiting the clinic (both RCP and non-RCP families) from its opening in August 2018 through June 2019. Data points included:

- All children under 5 who visited the clinic.
- Date visited.
- Length/height and age at time of visit.

The most recent measurement for each child was used when there where multiple measurements due to more than one clinic visit. The length/height of each child was then compared with WHO growth charts to determine whether the child met the definition for stunting (>2 standard deviations below the norm for age and gender). The results estimate the scope of the problem in the Ukwega Ward that the RCP program serves.

The data for children born after July 1, 2017 (after the RCP program was initiated and less than 2 years old at the time of measurement), shows that the percentage of children who are stunted is lower than the percentage of children who are stunted who were born before July 1, 2017 and were less than 5 years old at the time of measurement.

Further, many parents attest that their children’s health and abilities are improving since the introduction of the RCP program. For example, one mother notes that her one-year-old baby boy is nearly twice the size of her older children at the same age. Other mothers explain that their children suffer from fewer bouts of diarrhea, while others claim their infants and toddlers are more engaged, appear more interested in their surroundings, and are more verbal than their older siblings were when they were infants and toddlers. Mothers report that they enjoy and appreciate the workshops, the home visits, the household handwashing stations, and the packaged meals because their children are healthier. And fathers relate that their wives have more energy and so they encourage them to continue their participation in the program.

These preliminary results suggest that RCP may be having a significant impact on stunting rates. In addition, (a) many of the parents and children included in the above measurements were involved in the RCP program for only one year or less, (b) none of the parents had participated in all of the workshops, and (c) most of the technologies had not yet been introduced to the RCP families as of June, 2019. All of this suggests that the eventual decrease in stunting may be substantially greater when all families have participated in the complete program – attended all 35 workshops; incorporated all household technologies; benefited from ongoing home visits, been enriched by nutritious meals for at least two years; enjoyed higher quality education; earned additional income; and visited the general clinic on a regular basis.
Conclusion

- Approximately 151 million children under 5 are stunted worldwide - meaning they will suffer from significantly impaired cognitive and physical development and increased risk of poor health later in life.
- Global Volunteers is working with parents to eliminate stunting in Tanzania with the help of a community of stakeholders invested in eradicating hunger, improving health, and enhancing cognition for children and families in the Ukwega Ward through the RCP demonstration program.
- RCP has seven key components that work together to combat stunting: (1) a full-service, village health clinic; (2) parent workshops on key topics such as nutrition, health, and child development; (3) the introduction of appropriate technologies; (4) a team of staff caregivers who conduct home visits; (5) nutritionally fortified meals from our partner, Rise Against Hunger; (6) short-term volunteers who conduct workshops, teach in the schools, support families during home visits, and serve in the clinic; and (7) local cooperatives for income generation.
- Early data analysis suggests the RCP demonstration program may well be making a positive impact in reducing stunting in target communities of the Ukwega Ward, Tanzania over the past two years.

There is much to learn and study from future data, however, preliminary indications are that the RCP program is advancing the opportunity for children to reach their full potential. Further research being conducted by St. John Fisher College Wegman’s School of Pharmacy will provide additional data and results over the next 12 to 24 months.

Global Volunteers RCP program is replicable and scalable because it relies on a nearly infinite worldwide resource – average people serving as short-term volunteers. If the data demonstrates that the RCP program can enable parents to dramatically and significantly decrease stunting among their children, it is possible that stunting could be eliminated before the 2030 SDGs deadline. That result in and of itself would significantly impact all of the SDGs and could break the cycle of poverty in this generation.
End Notes

2 Id.
3 Id.
7 Id.
8 Id.
10 Supra note i.
15 https://www.riseagainsthunger.org/
16 The families in the control village(s) will be offered the opportunity to participate in the RCP program beginning in the summer of 2021, or two years after the initial measurements are completed.
22 https://www.cdc.gov/growthcharts/who_charts.htm