References


REFERENCES


Haddad, Lawrence, Christine Pena, Chiruzu Nishida, Agnes Quisumbing, and Alison Slack. 1996. “Food Security and Nutrition Implications of
REFERENCES


A Supplementation in Tanzania: The Impact of a Change in
Programmatic Delivery Strategy on Coverage.”
and Health in Developing Countries, ed. Richard D. Semba and Martin
Horton, Susan, Tina Sanghvi, Margaret Phillips, John Fiedler, Rafael Perez-
“Breastfeeding Promotion and Priority Setting in Health.” Health Policy
on Poverty Reduction and Economic Development.” Asia Pac J Clin
Nutr 14(S): 10–38.
Nutrition and Development Series 1.
Programming: Lessons from Kenya, Tanzania, and Uganda. New York:
UNICEF.
Birthweight and Type 2 Diabetes: A Study on 11,162 Swedish Twins.”
Iliff, Peter J., Ellen G. Piwoz, Naume V. Tavengwa, Clare D. Zunguza,
Exclusive Breastfeeding Reduces the Risk of Postnatal HIV-1
IASO (International Association for the Study of Obesity). 2004. Global obe-
sity epidemic putting brakes on economic development. Available at
IFPRI (International Food Policy Research Institute). 2003. “Going after the
page number available: Pg. 7
on 05/06/05.
Managing Successful Nutrition Programs. Geneva: The United Nations,
Administrative Committee on Coordination, Subcommittee on
REFERENCES


States Agency for International Development Micronutrient Program) Newsletter 3.


Education, Health, and Nutrition (PROGRESA) on Rates of Growth and Anemia in Infants and Young Children: A Randomized Effectiveness Study.” *Journal of the American Medical Association* 29121: 2563–2641.


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