



# CLOSING THE GENDER NUTRITION GAP

An Action Agenda for women and girls

November 2023



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# TABLE OF CONTENTS

|           |  |
|-----------|--|
| <b>2</b>  | <b>Acronyms</b>  |
| <b>3</b>  | <b>Executive Summary</b> <ul style="list-style-type: none"><li>- Eight Actions to Close the Gender Nutrition Gap</li><li>- Gap Closers</li></ul> |
| <b>10</b> | <b>The Problem: The Gender Nutrition Gap is Significant and Worsening</b>  |
| <b>13</b> | <b>The Opportunity: Country-Inspired Action Backed by a Global Agenda</b>  |
| <b>17</b> | <b>Ten Principles to Guide Actions at Global, Regional, and National Levels</b>  |
| <b>21</b> | <b>Action Area 1: Healthy Diets</b>  |
| <b>25</b> | <b>Action Area 2: Care</b>   |
| <b>32</b> | <b>Action Area 3: Gender Equality</b>  |
| <b>46</b> | <b>Action Area 4: Multisectoral Policy Environment</b>   |
| <b>51</b> | <b>Closing the Research and Data Gaps</b>  |
| <b>52</b> | <b>How to use the Gender Nutrition Gap Action Agenda</b>   |
| <b>55</b> | <b>Annex. Women’s Nutrition: A Shared Definition and Case for Further Action</b>   |
| <b>57</b> | <b>References</b>  |

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## ACRONYMS

|                 |   |
|-----------------|---|
| <b>ANC</b>      | Antenatal care  |
| <b>BEP</b>      | Balanced energy and protein dietary supplementation       |
| <b>BMS Code</b> | International Code of Marketing of Breastmilk Substitutes |
| <b>CMF</b>      | Commercial milk formula                                   |
| <b>CSO</b>      | Civil society organization                                |
| <b>CS-SUNN</b>  | Civil Society for Scaling Up Nutrition in Nigeria         |
| <b>EML</b>      | Model List of Essential Medicines                         |
| <b>FAO</b>      | Food and Agriculture Organization of the United Nations   |
| <b>HMHB</b>     | Healthy Mothers Healthy Babies Consortium                 |
| <b>ICN2</b>     | The Second International Conference on Nutrition          |
| <b>IFA</b>      | Iron folic acid   |
| <b>ILO</b>      | International Labour Organization                         |
| <b>INGO</b>     | International nongovernmental organization                |
| <b>MMS</b>      | Multiple micronutrient supplements                        |
| <b>MNCH</b>     | Maternal, newborn, and child health                       |
| <b>MUAC</b>     | Mid-upper arm circumference                               |
| <b>RUTF</b>     | Ready-to-use therapeutic food                             |
| <b>SUN</b>      | Scaling Up Nutrition                                      |
| <b>UHC</b>      | Universal health coverage                                 |
| <b>UPF</b>      | Ultra-processed food                                      |
| <b>WHO</b>      | World Health Organization                                 |

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## EXECUTIVE SUMMARY

The Gender Nutrition Gap is the way in which women's and girls' unique biological needs, disparities in access to food and services, and harmful social norms have a bearing on their health and economic outcomes.

It's complex - cultural norms, social roles, economic disparities and discriminatory practices create and sustain this overlooked crisis. Feminism, equal rights, justice, and mitigating the climate crisis are all part of the solution.

Today, gender gaps are extensive. Pay, data, pension, and tech gaps are all caused by systemic challenges and the Gender Nutrition Gap is no different. It is significant and worsening. It is a concern for human rights, public health, and national development. By failing to close this gap we are jeopardizing the lives of women and girls, and our collective future.

The gap is complicated. But it is also simple. It's about who eats last and least and worst; depression and exhaustion; and mothers sacrificing when food is limited. It's about girls not being able to concentrate at school and a 10% reduction in life time earnings.

The global economic crisis provides a means to further overlook this tragedy for women and girls. Those in power are continually demonstrating that the ramifications for women and girls and our wider communities, cultures, and countries are acceptable.

It is devastating and preventable. A rare opportunity to accelerate the feminist agenda.

Uniting the resources, goals, expertise and energy of the maternal newborn and child health and nutrition sectors with gender equality movements will power and reinvigorate better outcomes for everyone.

It will save lives. Together, we can tackle harmful beliefs, ensure equality in decision-making, commit to adequate funding, act with shared political power, focus policies, improve marketing regulations and empower male advocates.

Making these changes across our families, communities and countries will unleash powerful progress for women, for girls, for all of us.



Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls unites stakeholders around a set of concrete actions that aim to improve women's and girls' nutrition while advancing maternal, newborn, and child health and gender equality. The Action Agenda is a resource for advocates, policymakers, and decision-makers across sectors to guide actions for women's and girls' nutrition at multiple levels.

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Our collective action will accelerate progress toward interdependent and shared goals across the nutrition, maternal, newborn, and child health and gender equality and women's empowerment communities — namely saving lives, improving birth outcomes and overall health, increasing human capital and economic productivity, and building personal and collective resilience.

Globally, levels of food insecurity and malnutrition are unacceptably high, and progress on women's and girls' nutrition has been slow. We cannot afford to do business as usual amidst escalating global crises and their compounding negative impacts on women and girls and on communities. UNICEF's 2023 flagship report, *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*, quantifies the scale and seriousness of the problem: More than 1 billion adolescent girls and women worldwide suffer from undernutrition, including detrimental lifelong effects of the

consequences of wasting and stunting, micronutrient deficiencies, and anemia.<sup>1</sup> The countries and regions with the highest rates of child undernutrition and low birthweight are also home to the highest rates of maternal underweight.<sup>2</sup> Malnourished mothers give birth to small and vulnerable newborns with immediate and long-term consequences for individual and societal development and growth.<sup>3</sup> Today, approximately 20 million infants are born with low birthweight globally, and 73% of all low birthweight infants reside in South Asia and sub-Saharan Africa.<sup>4,5</sup> We must strive for a system in which the mother-infant pair is strengthened and nourished through the collaboration of the health and nutrition sectors to deliver quality, accessible, continuity of care within and between services.<sup>6</sup>

Women's and girls' nutrition is disproportionately affected by the ongoing and interrelated impacts of the COVID-19 pandemic, escalating conflict, climate change,





the food crisis, and the cost-of-living crisis,<sup>7</sup> with up to 4.8 million more pregnant women estimated to suffer from anemia due to secondary effects of the COVID-19 pandemic in 2020–2022 compared to 2019 levels.<sup>8</sup> There are 150 million more women and girls who are hungry than men and boys.<sup>9</sup> Food crises hit women and girls hardest for many reasons; they often eat last and least, even in normal circumstances.<sup>10</sup> At the same time, pregnant and lactating women and infants have specific nutritional needs.<sup>11,12</sup> UNICEF found that in 12 countries affected by the global food and malnutrition crisis, the estimated number of acutely malnourished pregnant and breastfeeding women and girls increased by 25% between 2020 (5.5 million) and 2022 (6.9 million).<sup>13</sup>

The challenge, and the opportunity, remains that women's and girls' nutrition has been underprioritized in policies and programs across diverse contexts. While the scope for action is varied, the commitment to women and girls must remain singular. We must act.

The Action Agenda provides:

- Eight 'uplifted' action domains to bridge gaps across sectors.
- Ten principles to guide all actions.
- Four action areas; each with a framework of policy and program recommendations.

There have been several calls to action on women's and girls' nutrition in recent years, for example, the 2015 launch of the United Nations Secretary General's Second Global Strategy on Women's, Children's and Adolescent's Health (2016 – 2030), the UN Decade of Action on Nutrition, and in 2017, at the Global Nutrition Summit in Milan.<sup>14</sup> Many of the recommended actions proposed in this agenda have previously been adopted by the 162 states attending the The Second International Conference on Nutrition (ICN2) in Rome in 2014. Yet, to date, international processes and attention have not adequately translated into concrete actions, and women's and girls' nutrition remains underprioritized.

To close the Gender Nutrition Gap, we call on actors to reposition nutrition as a feminist issue and come together to prioritize actions through a gender transformative lens. We need to reenergize previous commitments and focus resolutely on the root causes of gender inequalities. All women and girls deserve equal opportunities to thrive and have a voice in the decisions that shape their households, communities, and food security. The typical policy focus on maternal nutrition alone, risks overlooking women's innate right to good nutrition and health. As was stated in an article in *The Lancet Public Health* in 2019 "Above all, the global health agenda must be feminist."<sup>15</sup>

Through a feminist lens, we can accelerate joint actions to bring about systemic change, especially across health, nutrition, gender equality, women's

empowerment, social protection and care sectors, and within food systems. Positively changing cultural norms and social roles, generating economic justice, and enacting human rights will break the cycle. Together, we must stand against malnutrition's collateral — its resulting depression, exhaustion, myriad health challenges, and greater risk of death — and no longer accept this as a normalized way of life for women and girls. Figure 1 below outlines four areas for urgent action.

The Framework for Action provides a comprehensive list of actions across the four areas. Within this framework, this Action Agenda calls on decision-makers to prioritize, catalyze, account for, and collaborate on interventions to improve policies and increase investment for women's and girls' nutrition.

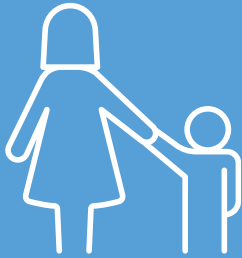
FIGURE 1: CLOSING THE GENDER NUTRITION GAP ACROSS FOUR ACTION AREAS



# 8

## EIGHT ACTIONS TO CLOSE THE GENDER NUTRITION GAP

The following eight domains for action provide enormous potential to bridge gaps and connect across sectors. These eight actions have been co-designed as an instructive tool for advocacy within the maternal, newborn, and child health (MNCH); gender equality and nutrition spaces.



### MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

**Given the threats on survival and development for all children, double down on high-impact, cost-effective nutrition interventions within MNCH services and antenatal care (ANC) and postnatal care platforms.** Widely scale up adoption of the World Health Organization (WHO) guidelines to integrate **essential nutrition actions into antenatal services**, which include nutrition counseling, multiple micronutrient supplements (MMS), balanced energy and protein dietary supplementation (BEP), and calcium supplementation. Adding MMS to national essential medicine lists supports its procurement and distribution.



### SOCIAL NORMS

**Enact gender transformative policies and programs to address root causes of gender inequalities.** Advocate for changes that provide equitable access to quality education; economic empowerment, including closing the pay gap and decent work; and redress of social norms and structural barriers to women's and girls' full inclusion, including access to financial services, credit, and financial literacy; enforcement of land rights; elimination of discriminatory laws and policies; and other measures. Ensure that girls are legally protected from child marriage and are encouraged to stay in school. Actions can be guided by the Gender Transformative Framework for Nutrition and the Global Food Systems 50/50 Accountability Framework.<sup>16,17</sup>



### EDUCATION, HEALTH AND SOCIAL CARE SYSTEMS

**With consideration for girls and women's unequal access to health, education and social protection services, strengthen the links to support her across the care system by embedding critical contact points to prevent, detect, and treat malnutrition.** Expand culturally competent, quality nutrition services for women and girls, including non-pregnant adolescent girls and women and those left behind to reach Universal Health Coverage targets, for example, strengthen adolescent-friendly health and nutrition services and evidence-based interventions for non-pregnant, non-lactating women. Connect women's and girls' nutrition and health with services that manage infants and children at risk of poor growth and development, including wasting treatment.

### FOOD SYSTEM MARKET FAILURES

**Given the disproportionate impact of food systems on girls and women's health - particularly in the impacts of overweight and obesity - educate on the importance of healthy diets and protecting consumers from harmful marketing practices through global, regional, and national regulations.** Enact and implement policies and legislation to restrict exploitative marketing and false advertising of unhealthy foods such as commercial milk formula, ultra-processed foods, and sugar-sweetened beverages including fiscal policies (e.g., taxation on sugar-sweetened beverages) and food labeling regulations (e.g., evidence-based front-of-package labels for foods and beverages). Improve the regulatory and policy environment to expand availability and access to fortified foods.





## SOCIAL PROTECTION

**Expand functions of social protection systems for nutrition and women's and girls' economic empowerment.** Social protection is a catalyst for other sectors and existing programs serve as a strong platform for implementing nutrition-sensitive interventions and removing financial barriers to food insecurity. Enact adequate paid family leave, including maternity and parental leave, and breastfeeding breaks, for women who chose to breastfeed, in line with WHO exclusive and continued breastfeeding duration recommendations and International Labour Organization conventions. Develop and implement policies that enable women's leadership and participation within society.<sup>18</sup>



## HUMANITARIAN CRISIS

**Prioritize women's and girls' nutrition in humanitarian responses.** Develop protocols and guidelines, improve sex-disaggregated nutrition data collection, and increase funding and coverage of essential nutrition services for women's and girls' nutrition across the lifecycle **in humanitarian settings**, including ensuring MMS for pregnant women and ready-to-use therapeutic food (RUTF) to treat severe acute malnutrition are available in the package of health and social protection programs.

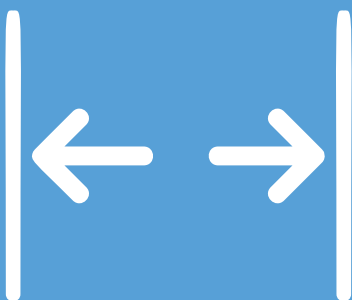
## THE UNPAID CARE ECONOMY

**Account for the immense value of the unpaid care economy, largely carried out by women, in national planning frameworks.** Develop policies that aim to **recognize, reduce, and appropriately redistribute unpaid care and domestic work** and engage fathers and all family members, changing attitudes to increase male participation in care work, and enacting adequate paid family leave policies.



## DATA AND ACCOUNTABILITY

**Close the vast data gaps on women's and girls' nutrition by investing in data systems and regularly collected data** from administrative and survey sources, ensuring that data collected is disaggregated by sex and age. Actively support the use of data to dramatically improve visibility, decision-making, actions, and accountability for women's and girls' nutrition. Fill the great need for actionable data on diet quality, micronutrient status, and coverage and adequacy of nutrition interventions across sectors that are reaching women and girls.



# GAP CLOSERS

The Action Agenda has been co-created with, and is being supported by, a growing coalition of partners, with funding from the Bill & Melinda Gates Foundation. Together, we want to inspire decision-makers at global, regional, and national levels, including donors, governments, civil society organizations (CSOs), international nongovernmental organizations (INGOs), and the private sector to recognize how optimal nutrition for women and girls advances the interdependent health and gender equality agendas; join forces to prioritize women's and girl's nutrition; and take concrete, priority actions toward shared goals.



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# THE PROBLEM: THE GENDER NUTRITION GAP IS SIGNIFICANT AND WORSENING.

**More than one billion adolescent girls and women suffer from undernutrition (including underweight and short height), deficiencies in essential micronutrients and anemia.<sup>19</sup>**

**We find this unacceptable.  
Are you with us?**

Malnutrition lowers resistance to disease and immunity, decreases overall health, and negatively impacts a person's ability to earn and reach their highest potential.<sup>21,22</sup> Women and girls are disproportionately impacted by malnutrition, and their poor nutrition bears generational consequences. The nutritional status of a mother is a consistent predictor of stunting and wasting in early childhood. Child undernutrition is concentrated in the same regions as maternal undernutrition.

An estimated two-thirds of non-pregnant adolescent girls and women (69%) are deficient in iron, zinc, and/or folate.<sup>23</sup> Progress on anemia has stalled, with only one country (Guatemala) on track to meet the globally agreed 2030 target to cut anemia in half for adolescent girls and women of reproductive age.<sup>24</sup> Today, almost one-third of women of reproductive age suffer from anemia.<sup>25</sup> Anemia can be life-threatening and causes extreme fatigue and poor concentration, hindering learning potential, educational attainment, and productivity.<sup>26</sup> Additionally, during pregnancy, it results in adverse birth and health outcomes.<sup>27,28</sup> Health systems often do not address anemia in adolescent girls and non-pregnant and non-lactating women, with either no policy in place, or insufficient investments to support these policies.

## BOX 1

### **MORE THAN DIETS: WOMEN'S AND GIRLS' NUTRITION DEFINED**

Women's and girls' nutrition refers to meeting daily macro- and micronutrient requirements through a healthy diet that builds immunity and protects against disease and all forms of malnutrition. Supported by the availability of and access to nutritious foods and health services, gender equity and increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition affects a woman's ability to flourish across all stages of life, making it foundational for her health, development, and prosperity, and for thriving communities.<sup>20</sup>

For a full definition, see the Annex



# 1 IN 3

**NON-PREGNANT WOMEN AND ADOLESCENT GIRLS IS ANEMIC,**

a statistic that has not changed for over two decades.<sup>29</sup>

The data suggest that, overall, women are more likely to be more obese than men, with rates of 15% and 11%, respectively, in 2016; however, growing obesity rates in women indicate that this may be an underestimate.<sup>30</sup> Overweight and obesity is on the rise in most countries, with 190 countries off track to meet global nutrition obesity targets and 184 countries off course to meet the targets on sodium intake.<sup>31,32</sup> People with overweight and obesity are at higher risk of chronic illness and may experience an individual-level “double burden” of malnutrition with the coexistence of over nutrition paired with an additional form of undernutrition.<sup>33</sup> The drivers of overweight and obesity are complex for women. For example, globally women are less physically active than men, which might be affected by cultural norms, traditional roles or lack of social and community support.<sup>34</sup>

Exclusive breastfeeding is essential for a healthy start in life for all infants and children. Decades of research show the long-term positive effects of breastfeeding on the mother and child’s health and development including the maternal health and

nutrition benefits of child spacing. For women who chose to breastfeed, there are also health benefits, including lower rates of breast cancer, ovarian cancer, diabetes, and other noncommunicable diseases.<sup>35</sup> Yet, despite robust and sustained evidence, exclusive breastfeeding rates are consistently below global targets, with 33 countries worsening or with no progress.<sup>36,37</sup>

In 2023, the Gender Nutrition Gap is worsening: “The global food crisis is deepening the nutrition crisis for adolescent girls and women. The gender gap in food insecurity more than doubled between 2019 and 2021, and in 12 countries affected by the global food and malnutrition crisis, the estimated number of acutely malnourished pregnant and breastfeeding women and girls increased by 25% between 2020 and 2022.<sup>38</sup> Women and girls continue to be disproportionately affected by conflict, climate change, and other economic shocks. Even in regular circumstances, millions of women reduce their own food consumption and restrict their diets so that other family members can eat, and in many cultures, this is common practice even when a woman is pregnant.<sup>39</sup>

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## THE OPPORTUNITY: COUNTRY-INSPIRED ACTION BACKED BY A GLOBAL AGENDA

The core framework in this agenda is a guide for advocacy and policy making at the national level, and action is fast happening. To date, coalitions are using the Closing the Gender Nutrition Gap Action Agenda to define and implement a national advocacy strategy for women's and girls' nutrition in Nigeria and India, building on country policy priorities and opportunities. In Nigeria, the focus is on advancing women's and girls' empowerment, as the prerequisite for improved nutrition. In India, opinion leaders are calling attention to the need to do more, better, and differently for adolescent girls' nutrition — not just pregnant and lactating women.

The Action Agenda provides an adaptable framework for advocacy and policy change at local and national levels, while the actions outlined have been informed by country consultations. This framework is an evolving matrix of system change that can be sparked by progressing in any one of the four areas outlined below. Impact stories are presented in each of the four action areas to demonstrate elements of the Action Agenda underway in diverse settings.



**Women and girls are incredibly resilient. It is time that policy recognizes this resilience and sees how instrumental it is in our collective recovery in the 4C era: COVID-19 recovery, the Cost-of-living crisis, Climate change, and ongoing Conflict.**



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# WOMEN'S AND GIRLS' NUTRITION IS A FORCE MULTIPLIER FOR GOOD

At the heart of this agenda is unequivocal recognition that prioritizing optimal nutrition for women and girls of all ages opens pathways to greater opportunities and achieves a positive ripple effect for women, their communities, and nations. Gap closers who have signed on to this agenda urge decision-makers to recognize how investments in women's and girls' nutrition are a bedrock for resilient people, societies, and economies and lead to greater health, immunity, and productivity as well as reduced health care burdens. The estimated cost of poor human health tied to unhealthy and unsustainable food is \$11 trillion.<sup>40</sup>



Leading economists consistently rank nutrition among the most cost-effective ways to improve lives around the world.<sup>41</sup> Not only are nutrition interventions relatively inexpensive to deliver, but they also have an extremely high return on investment, for example, every \$1 invested yields an average of between \$4 and \$35 in economic returns.<sup>42,43</sup> This is, in part, because being malnourished can reduce potential lifetime earnings by at least 10% due to decreased education and productivity.<sup>44</sup> Children who are not stunted by age 3 are 33% more likely to live above poverty level as adults.<sup>45</sup> Despite the proven health and socio-economic benefits of investing in high impact nutrition interventions, optimal nutrition for women and girls is not an elevated priority for donors or national governments. In part, this is because the economic and social returns of investing in women's and girls' nutrition, and the impact on national development, are often not factored into policymaking. Inattention to the great loss of human capital will continue to adversely affect the future health and productivity of nations.

# TEN PRINCIPLES TO GUIDE ACTIONS AT GLOBAL, REGIONAL, AND NATIONAL LEVELS



1. **Food and nutrition sovereignty** is a principle that underscores our natural and innate right to nutritious foods, especially for women and girls, who are often left behind. Governments have a responsibility to ensure that inclusive laws, regulations, marketing practices, and policies are in place and enforced to safeguard and enable equitable access to safe, affordable, and nutritious foods and access to truthful, accurate information to guide food decision-making.



2. **Actions must acknowledge the role that income inequality and poverty play and seek to address its drivers.** Women's and girls' access to nutritious foods depends on adequate incomes and access to adequate social protection, designed to support social security and employment needs.



3. **A comprehensive life cycle approach** is needed to ensure safe and optimal nutrition for women and girls of all ages. Actions must be sustained to respond to women's and girls' nutritional needs for their whole lives.



4. Supporting the agency and empowerment of women and girls is crucial for delivering on the promise of leaving no one behind in achieving **Sustainable Development Goal 5 on gender equality**. Cross-sectoral programs and policies must address the formal and informal systems, laws, and policies contributing to gender inequality and malnutrition and empower women and girls to reach their full potential.



5. Actions to address women's and girls' nutrition **must take a multi-system delivery approach guided by easy-to-access coherent guidance to target the nutritional gaps that are specific to women and girls** – in particular, iron deficiency anemia and other micronutrient deficiencies, given its high global burden in this group.





6. Improving healthy diets requires the **protection and promotion of indigenous knowledge, foods, and cultures**. Governments have a responsibility to indigenous populations to ensure that laws, regulations, and policies are in place and enforced to protect traditional practices and customs, especially those positively impacting health and biodiversity.



7. **A commitment to sustainable, flexible, and innovative financing** is needed beyond short-term funding cycles. **Greater risk sharing** between donor governments, multilateral institutions, country governments, and international partners is required to build sustained, investible deals for nutrition. Gender responsive budgeting can assist in a balanced focus on priority investments including in resourcing interventions to support women's and girls' nutrition.



8. **Develop norms-responsive programs and policies to engage men, boys, and broader communities to support women's and girls' nutrition, and address harmful social and gender norms**. Women and girls alone cannot be responsible for improving their own nutrition. Positively engage men and boys and family members through local platforms to facilitate supportive social norms and behavior change to improve nutrition outcomes, without compromising women's and girls' autonomy.



9. The **unpaid care economy and the fact that women are responsible for 60-80% of food production** continue to be overlooked with respect to the immense role of women and girls in global economic and food systems, and these systems disproportionately discriminate against women and girls. Actions to enable gender equality must recognize the value, time, and energy requirements of unpaid work by women and girls, alongside efforts to reduce and redistribute responsibilities while protecting and investing in aspects of care that benefit women's health and nutrition such as breastfeeding.



10. Actions should be based on **high quality, routinely available, and reliable data** in line with Sustainable Development Goal (SDG) 17.18, which recommends efforts to increase the availability of data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, and geographic location.

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# CLOSING THE GENDER NUTRITION GAP: A FRAMEWORK FOR ACTION

The Gender Nutrition Gap is the way in which women's and girls unique biological needs, disparities in access to food and services, and harmful social norms have a bearing on their health and economic outcomes.

Malnutrition for women and girls is rooted in sectors as diverse as health, gender, climate, food systems, social policy, and education. Yet, these sectors are also the spaces where solutions exist. The nutrition of women and girls encompasses more than access to safe and affordable nutritious foods and requires access to a range of services, empowerment, and decision-making opportunities. This Action Agenda demands policy action for access to healthy diets, a strengthened care system, gender equality, and a multisectoral policy environment for women's and girls' nutrition.

FIGURE 1: CLOSING THE GENDER NUTRITION GAP ACROSS FOUR ACTION AREAS



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## ACTION AREA 1: HEALTHY DIETS



### HEALTHY DIETS ARE A CRITICAL COMPONENT OF GOOD NUTRITION.

Healthy diets are a critical component of good nutrition. Today, we are in the middle of a global food crisis with hyperinflation and poorly functioning (food) supply chains, compounded by the war in Ukraine and by the COVID-19 pandemic, making healthy diets hard to maintain. Prohibitive food costs and insufficient availability of nutritious foods in many local markets, combined with aggressive marketing of cheaper and readily available ultra-processed foods also conspire to make healthy diets inaccessible. In order to make healthy diets more attainable and desirable, we must consider socioeconomic context, individual economic freedoms, preferences, and the broader context in addition to promoting behavior change programs. Women often lack full agency in intrahousehold food allocations and decisions due to social and gender norms, inequitable family dynamics, and socio-economic factors (e.g., income, access to education, <sup>46</sup>social support).

Today's global food systems do not provide affordable and nutritious food to everyone and require a systematic overhaul. Additionally, there are actions and policies that, if implemented, could result in improved nutrition and health outcomes with potential cost savings for individuals, households, and governments in the long run. In general, policies and programs would benefit from greater recognition that the linkages between food systems and women's and girls' nutrition are interdependent.

Women and children experience food insecurity and malnutrition due to lack of access to, and affordability of, diverse and healthy diets. This further reduces the extent to which food systems could benefit from women's and girls' leadership and custodianship, including upholding indigenous knowledge and practices that protect biodiversity. To this end, the Global Food 50/50 Initiative is an accountability mechanism that can be used by advocates and decision-makers to advance gender equality in food systems.

When it comes to health, food, and nutrition, women's and girls' voices must be at the center of solutions. In 2019, as part of the What Women Want campaign by the White Ribbon Alliance, 1 million women made their one request for their maternal and reproductive health. Healthy food, proper nutrition, and related information emerged as a top demand, with an emphasis on quality and hygienic food, especially for pregnant and postpartum women. The campaign has galvanized 45 policy changes to date.

The Healthy Diets section in the Framework for Action below details actions that support global and national systems to make healthy diets more available, affordable, and desirable for all women and girls.

**ACTION AREA 1: SAFE, NUTRITIOUS FOODS ARE AVAILABLE, ACCESSIBLE, AND AFFORDABLE FOR ALL WOMEN AND GIRLS**

**1.1 Make healthy diets possible**

**1.1.1 Expand availability and accessibility of safe and nutritious foods for all**

| <b>WHY does this matter?</b>  | <b>Example Commitment (HOW)</b>  | <b>Stakeholder (WHO)</b>   |
|---|--|--|
| <p>Diet is an immediate determinant of nutrition, and poverty reduces availability and access to healthy foods.<sup>47</sup> Good diets support good nutrition for women and girls. Eating a healthy diet is difficult without availability and accessibility of safe and nutritious foods.</p> <p>Yet, the food environment is stacked against safe and nutritious foods. Policies should make healthy diets an easier choice.</p> <p>Healthy diets for women and girls require that safe, nutritious foods be available, affordable, and accessible (socially, physically, and economically) to all women and girls.<sup>48</sup></p> | <ul style="list-style-type: none"> <li>• Include the production of diversified, nutritious foods as a priority in agriculture and agri-food-related sectors, policies, and strategies, focused on rights and inclusion of small-holder and indigenous farmers.</li> <li>• Intensify efforts to make social and behavior change strategies and interventions widely available to reach women, girls, and the public to create demand for healthy diets and increased consumption of nutritious, affordable foods, including indigenous foods.</li> <li>• Hold influential food and agricultural companies accountable to produce safe and nutritious food.<sup>49</sup></li> <li>• Improve the regulatory and policy environment for nutritious foods, and fortified and biofortified foods, through subsidies, enforcements, standards, restrictions on harmful marketing, and other measures.</li> <li>• Develop or strengthen policies and guidelines to ensure safe and nutritious foods are available for women and girls in humanitarian and other fragile contexts.</li> </ul> | <p>Government, Ministry of Agriculture, private sector</p> <p>Government, media, national and subnational organizations</p> <p>Government, national and subnational organizations, development partners and UN agencies</p> <p>Government</p> <p>Government, UN agencies</p> |

**1.1.2 Increase affordability of safe and nutritious foods for all**

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| <p>Diet is an immediate determinant of nutrition. Good diets support good nutrition for women and girls.<sup>50</sup> Eating a healthy diet is difficult without affordable, safe, and nutritious foods.</p> <p>Yet 3 billion people, almost 40% of the world's population, cannot afford a healthy diet.<sup>51</sup></p> <p>Many foods, including fruits, vegetables, and animal-source foods, are too expensive to eat daily.<sup>52</sup></p> <p>The Food and Agriculture Organization of the United Nations (FAO) distinguishes between energy-sufficient, nutritious, and healthy diets, with diets that meet only energy needs five times more affordable than healthy diets.<sup>53</sup> Healthy diets are harder to attain but meet energy and nutrient requirements while including a balanced, diverse intake of foods.<sup>54</sup></p> <p>Further, and as evidenced by the World Food Program Fill the Nutrient Gap Analysis, nutrient needs vary within the household, with higher costs to meet the nutrient requirements of young children, adolescent girls, and pregnant and lactating women.<sup>55</sup></p> | <ul style="list-style-type: none"> <li>• Where public investment is not more cost effective, establish mechanisms that incentivize private investment in local companies that produce nutritious foods that are affordable.</li> <li>• Incentivize local production of fresh foods which are missing in women's and girls' diets; identify and support women producers. Conduct research to learn from existing examples.</li> <li>• Adopt and implement policies to encourage consumption of healthy foods, including financial incentives (subsidies and transfers of healthy foods such as fruits and vegetables) and social protection programs that increase the affordability of nutritious foods for the most at-risk.</li> <li>• Improve the distribution of fresh, diverse foods: Adopt regulation to encourage and sustain local markets where women can purchase fresh foods at affordable prices by investing in suitable local infrastructure for women's and girls' particular needs, including food safety infrastructure such as cool storage, training on food safety, and improved branding and marketing of low-processed (locally produced) foods.</li> <li>• Ensure social protection mechanisms are in place to enable healthy, affordable diets for all women and girls, and in contexts where formal social protection mechanisms do not exist or function, humanitarian cash assistance should be tailored for nutrition (e.g., linked with purchasing fresh foods or nutritious supplementation, when possible), which will help ensure access to affordable and nutritious foods for most vulnerable and malnourished women and girls.</li> </ul> | <p>Government, Ministry of Agriculture, private sector, philanthropy</p> <p>Private sector, government, Ministry of Agriculture, academia and research groups, entrepreneurs, social impact investors, tech innovators</p> <p>Government, Ministry of Health, Ministry of Social Affairs, entrepreneurs, social impact investors, tech innovators</p> <p>Government, private sector</p> <p>Government, national and subnational organizations, development partners, and UN agencies</p> |
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**1.1.3 Improve equitable power dynamics and decision-making on food purchases and consumption**

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| <p>Availability, accessibility, and affordability of safe and nutritious foods does not guarantee a healthy diet for women and girls.</p> <p>At the household level, women often lack full agency in intrahousehold food allocations and decisions due to social and gender norms, inequitable family dynamics, and socio-economic factors (e.g., income, access to education, social support).<sup>56</sup></p> | <ul style="list-style-type: none"> <li>• Support gender-transformative interventions that promote gender equality and support shifting/challenging norms that act as a barrier to women's and girl's right to healthy diets and nutrition (e.g., decisions on household food allocations and purchases).</li> <li>• Adopt interventions to develop infrastructure that makes local markets safe and easy to access so that women can purchase fresh foods at affordable prices (e.g., safe and child-friendly transport to and from markets, women's toilets at markets, involvement of women's groups).</li> <li>• Adopt interventions that promote women's economic empowerment.</li> </ul> | <p>Ministry of Health, Ministry of Gender/Women's Affairs, Ministry of Education, national and subnational organizations, media</p> <p>Government, national and subnational organizations, private sector</p> <p>Government, national and subnational organizations, UN agencies</p> |
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## 1.2 Strengthen regulation around harmful food marketing practices that take advantage of consumers

### 1.2.1 Restrict marketing exposure to ultra-processed foods

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| <p>Increases in unhealthy eating practices are rising throughout most of the world.<sup>57</sup> Sales of ultra-processed foods (UPFs) and beverages are rapidly rising and now account for about half of total energy intake of women in high-income countries.<sup>58, 59, 60, 61, 62, 63</sup> Comparative data from low- and middle-income countries are scarce due to glaring data gaps.</p> <p>Aggressive marketing and pervasive availability of UPFs, combined with time pressures, urbanization, and convenience, are causing unhealthy shifts in dietary practices.<sup>64, 65</sup></p> | <ul style="list-style-type: none"> <li>• Adopt, implement, and monitor national policies and legislation to restrict marketing and advertising of unhealthy foods such as UPFs and sugar-sweetened beverages and milk formula products targeting pregnant or lactating women. This includes fiscal policies (e.g., taxation on sugar-sweetened beverages) and regulatory actions (e.g., ban on marketing of unhealthy foods and beverages to children and adults, including adolescent girls and women of all ages).</li> <li>• Implement mandatory front-of-pack nutrition labeling through legislation that is evidence-based and supported by effective implementation. As a starting point, <a href="#">WHO's Guiding principles and framework manual</a> for front-of-pack labelling for promoting healthy diets can be used by national governments in developing and implementing front-of-pack labeling systems.</li> </ul> | <p>Government, parliament, regulatory bodies</p> <p>Government, regulatory bodies</p> |
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### 1.2.2 Counter the aggressive marketing of the commercial milk formula industry

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| <p>The commercial milk formula (CMF) industry's aggressive marketing undermines efforts to promote and support breastfeeding.<sup>66</sup></p> <p>This type of marketing violates the International Code of Marketing of Breastmilk Substitutes (BMS Code), adopted in 1981 at the World Health Assembly, and subsequent resolutions, which protect infants and young children from inappropriate marketing of BMS, bottles, teats, and other products within its scope. Member states are responsible for adopting the BMS Code in national legislation.<sup>67</sup></p> | <ul style="list-style-type: none"> <li>• Incorporate the BMS Code and its subsequent resolutions into national laws and regulations, monitor national legal measures, and enforce violations. Countries that have not yet enacted legal measures on the Code should recognize their obligations under internal human rights law and international agreements, and countries that have not revised their laws or legislation in recent years should update their legal measures. <a href="#">The WHO/EURO model law</a> is a tool to strengthen national regulatory frameworks. Additionally, countries must allocate adequate budgets and human resources for Code monitoring and enforcement.</li> <li>• Advocate for the <a href="#">BMS Call to Action</a>, and call on all CMF companies and other companies providing foods for infants and young children to publicly commit to full compliance with the BMS Code and subsequent resolutions, and disclose a plan for achieving this by 2030 with clear incremental steps.</li> <li>• Implement multi-channel social and behavior change interventions targeting families, community leaders, health workers, employers, and media to ensure an enabling environment for breastfeeding that can counter the marketing of the CMF and the related baby food industry. Donors should invest in multi-channel social and behavior change interventions, and government should allocate adequate budgets for implementation in relevant line ministries.</li> </ul> | <p>Government</p> <p>National and subnational organizations, development partners and UN agencies, investors and media</p> <p>Government, donors, national and subnational organizations, development partners and UN agencies</p> |
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### 1.3 Make healthy diets more desirable than unhealthy ones

#### 1.3.1 Promote healthy dietary practices and empower consumers with information to adopt them

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| <p>With aggressive marketing promoting the taste, convenience, and attractiveness of (unhealthy) commercial foods, stronger efforts need to be made to increase desirability of healthy options and decrease desirability of unhealthy ones.</p> <p>There is a lack of information available to consumers that makes it clear what the impact their diet has on their health and understanding the benefits of healthy dietary practices.<sup>68, 69</sup></p> | <ul style="list-style-type: none"> <li>• Develop national food-based dietary guidelines to guide consumer choice and drive standards across multisectoral policies and programs (food system, agriculture, education, health policies and programs) that includes women’s and girls’ nutrition needs throughout the lifecycle.</li> <li>• Use audience-informed multiple communication channels to reach women, girls, and the public with advice on nutrition and care practices and increase the desirability of nutritious foods and decrease the desirability of unhealthy foods.</li> <li>• Run audience-informed social and behavior change communications campaigns on healthy diets at the community level, in schools, and at primary health care facilities.</li> </ul> | <p>Government</p> <p>Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations</p> <p>Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations</p> |
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#### 1.3.2 Make healthy diets convenient

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| <p>Women’s lifestyles are changing, and unhealthy diets are marketed to them as being easy, convenient, and more desirable and are readily accessible, while healthy diets are often more challenging to acquire and time-consuming to prepare.</p> | <ul style="list-style-type: none"> <li>• Enable the processing and distribution of safe, nutritious foods in easy-to-consume, convenient forms to reflect local preferences and tastes through trainings, access to equipment, skills development, business development services, marketing and branding services, and customer demand creation.</li> <li>• Run audience-informed social and behavior change communications campaigns across multiple communication channels (such as television, radio, social media, advertising outdoors, and public transport) that address drivers of food choice and demonstrate the benefits of healthy food choices to encourage uptake and empower women and girls to make informed, healthy choices about their diet.</li> </ul> | <p>Government, Ministry of Agriculture, entrepreneurs, social impact investors, tech innovators</p> <p>Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations</p> |
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#### 1.3.3 Protect and support breastfeeding as the first food

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| <p>Breastmilk is the first food and is a vital part of the first-food system. Evidence highlights the importance of breastfeeding for the health and well-being of individual children and breastfeeding women as well as its significant impact on the health, development, and wealth of nations.<sup>70</sup></p> <p>Yet, only 48% of infants under 6 months worldwide are exclusively breastfed as recommended by WHO.<sup>71</sup></p> | <ul style="list-style-type: none"> <li>• Develop regulations and programs to expand access to quality breastfeeding counseling before, during, and after childbirth and services managing small and/or nutritionally at-risk infants under 6 months, such as implementing the Baby Friendly Hospital Initiative.</li> <li>• Adopt family-friendly policies, including maternity protection policies — paid maternity leave, paid breaks to breastfeed, dedicated space to breastfeed/express milk — to support a mother’s ability to breastfeed in the formal and informal sector (see also under 3.5).</li> <li>• Develop or strengthen national policies and guidelines for infant and young child feeding in humanitarian contexts to protect breastfeeding in the face of emergencies.</li> </ul> | <p>Government, donors, private sector</p> <p>Government, private sector</p> <p>Government, development partners, and UN agencies</p> |
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## IMPACT STORY

### **PRESERVING AND REHABILITATING LOCAL FRESH FOOD MARKETS FOR RESILIENT FOOD SYSTEMS: AN EXAMPLE FROM HANOI**

Local food markets can be protected when engaged advocates make a compelling argument to government. Hanoi's original name was "marketplace," due to the vast network of markets that existed in the city and in villages in the surrounding rural areas. In 2011, the city government introduced a policy that would have shut down many of the traditional markets and replaced them with shopping centers. In response to this challenge, HealthBridge Foundation Canada conducted research and created maps to demonstrate the impact that this policy would have and how the closures would radically change the food environment in Hanoi. In a series of meetings co-organized with the government-run Trade Magazine, HealthBridge Foundation Canada shared their results with a network of experts who were invested in protecting and preserving local markets, including local architects, agriculture and market experts, economists, and health advocates. Together, this group made the case to local policymakers for maintaining local markets in neighborhoods where they were already operating, and opening markets in new communities.

HealthBridge Foundation Canada also worked with the media and with a women's group to set up an exhibition on traditional markets in Hanoi and their importance to local women. Their advocacy focused on the economic impact that market closures would have on the vendors, on how markets create social networks, and the role they play in retaining the character of the old city and attracting tourists, in a place where earnings from this sector represented 14–15% of GDP in 2013.<sup>72</sup> Highlighting the impact and laying out a solution raised the interest of the national government, which has since begun revising its market policy. This helped keep markets open, protecting the livelihoods of more than 2,700 vendors, which had a ripple effect on small-scale farmers, many of them women, who supply the produce.

This example demonstrates the power of local and national collaboration, highlighting how local marketplaces bring catalytic value to communities.

*Source: Strengthening local fresh food markets for resilient food systems, World Union of Wholesale Markets, World Farmers Markets Coalition, HealthBridge Foundation of Canada, United Cities and Local Governments, Local Governments for Sustainability, Regional Governments for Sustainable Development, Global Alliance for Improved Nutrition and Food and Agriculture Organization of the United Nations. 2020.*

*<https://www.gainhealth.org/sites/default/files/publications/documents/Strenghtening-local-fresh-food-markets-for-resilient-food-systems.pdf>*





## ACTION AREA 2: CARE

**THE MATERNAL HEALTH AND MATERNAL NUTRITION AGENDAS ARE MUTUALLY REINFORCING AND WILL BOTH SUCCEED WITH GREATER COLLABORATION. INTEGRATING NUTRITION INTO MNCH SERVICES SAVES LIVES.**

Decades of research inform the 2016 WHO guideline Recommendations on Antenatal Care for a Positive Pregnancy Experience for Women (with subsequent updates), which incorporates essential high impact maternal interventions, including nutrition counseling during pregnancy, iron and multiple micronutrient supplementation, and access to nutrition services, into ANC platforms.<sup>73</sup> These service delivery contacts are vital for reaching pregnant women with high impact nutrition interventions. Routine nutrition counseling integrated into ANC services improves diet, adherence to micronutrient supplements, and food security in pregnant women.<sup>74,75</sup>

Seven years after the release of the 2016 WHO ANC guidelines, many countries have yet to fully adopt all relevant recommendations. For example, in rural and remote communities, access to health facilities with ANC is challenging, and this is reflected in the concentration of reported anemia and underweight in poorer regions. Today, only 32% of countries are delivering iron supplements through community-based platforms.<sup>76</sup>

While implementation of WHO Guidelines is slow, MNCH and nutrition communities share daily challenges in coverage, adequacy, and quality of service delivery and advocating for budget allocations and accountability.

Through effective integration and connection of services, barriers can be more easily overcome, generating greater efficiencies, improving quality of care, and accelerating progress toward global goals. Elevating maternal nutrition within national maternal health care systems and scaling proven maternal interventions will and does save lives.

When we add nutrition, we support OBGYNs, midwives, and frontline health workers by providing new tools to deliver more holistic care for women and their newborns. Combining the power of maternal and newborn health and nutrition will have a force-multiplier effect, improving quality of care and accelerating lasting progress towards shared goals

**A package of MNCH interventions, including iron supplementation, with high-quality delivery could cut maternal and newborn deaths by 28% and reduce stillbirths by 22%.<sup>77</sup>**

**Investing in breastfeeding is one of the best investments a country can make. A \$1 investment in breastfeeding yields \$35 in economic returns in low- and middle-income countries.<sup>78</sup>**

We must both deliver maternal nutrition interventions to women seeking care and go further to reach those who are not. Globally, women and girls continue to face disproportionate physical, social, and economic barriers to access health and nutrition services, with the unequal burden of care imposed on women being a major contributor. According to the International Labour Organization, women and girls are responsible for three times as much unpaid care work as men.<sup>79</sup>



**INTERGRATING NUTRITION INTO HEALTH AND SOCIAL PROTECTION SYSTEMS HAS A MULTIPLIER EFFECT.**

UN Women recently called for universal social protection systems, including paid maternity and parental leave and child and family transfers.

Yet, domestic responsibilities and childcare hold women back from formal employment and critical social schemes. Worldwide, women are at the heart of an unrecognized, unpaid care economy – taking care of their children, families, and communities, alongside other responsibilities and work. Breastfeeding is one such critical role. Recognition, reduction, and redistribution of women’s unpaid care work is critical to achieving gender equality.<sup>80</sup> In the case of breastfeeding, redistribution of other responsibilities can help offset the time with the support of policies such as paternity leave; reduction of breastfeeding should not be a goal.<sup>81</sup>

In addition, workforce laws and policies can improve the health and nutrition of all staff across all ages, which in turn yields improved productivity and output. This is true in all sectors, such as in the agricultural sector in Bangladesh, where women make up more than 50% of the labor force.<sup>82</sup> When it comes to maternal nutrition, maternity protection in labor force laws can safeguard the nutrition of mothers and infants well beyond childhood.

The disproportionate burden of poverty on women and children requires nutrition-sensitive social protection programs that play a crucial role in poverty reduction and improved food and nutrition security. In practice, nutrition services need to be available to women and girls at all stages of life, and importantly, reach adolescent girls and women of reproductive age who are not pregnant or lactating. As UNICEF explains, “Nutrition services and social protection programs are failing

to meet the nutrition needs of adolescent girls and women, especially in humanitarian contexts. Nutrition services are not reaching adolescent girls and women with adequate coverage and equity. Only two in five pregnant women (43%) benefit from iron and folic acid supplementation for the prevention of maternal anemia, and only 29 low- and middle-income countries provide antenatal multiple micronutrient supplements, which are a standard of care in most high-income countries.”<sup>83</sup> In humanitarian settings, separate coordination, implementation, and funding structures for nutrition and health encourage siloed programming, resulting in missed opportunities for cross-sectoral collaboration, continuity of care, and improved outcomes.

**Women of reproductive age and early adolescents must be addressed as an integral part of the lifecycle approach, whether you are dealing with anemia, nutrition or maternal and child health outcomes.**

- Quote from interviews with stakeholders across the maternal health community.

The Care section in the Framework for Action below detail proposed steps to integrate nutrition and health services further, and to build social protection systems that are more people-centered and gender-sensitive, in recognition of intersecting forms of vulnerability and inequality.

## ACTION AREA 2: INTEGRATE NUTRITION INTO CARE SYSTEMS (HEALTH AND SOCIAL PROTECTION)

### HEALTH

#### 2.1 Improve coverage and reduce inequities of health and nutrition service delivery

##### 2.1.1 Integrate essential nutrition interventions in antenatal care (ANC)

| WHY does this matter?   | Example Commitment (HOW)  | Stakeholder (WHO)   |
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| <p>ANC provides a vital platform for reaching pregnant women with high impact nutrition interventions proven to prevent and control malnutrition.<sup>84,85</sup></p> <p>In 2016, WHO released its guideline Recommendations on Antenatal Care for a Positive Pregnancy Experience for Women and subsequent guideline updates in 2020, 2021, and 2022 on a consolidated set of health and nutrition recommendations for antenatal care.<sup>86</sup></p> <p>Seven years after the release of the 2016 WHO ANC guidelines, 26% of countries have yet to fully adopt all relevant recommendations.<sup>87</sup></p> | <ul style="list-style-type: none"> <li>• Adopt, monitor, and close gaps on the implementation of WHO guideline Recommendations on ANC for a Positive Pregnancy Experience and subsequent guideline updates.</li> <li>• Recognize breastfeeding as integral to the reproductive continuum and essential for healthy nutrition of mother and child.</li> <li>• Tailor WHO guidelines on ANC to address the unique needs of adolescent girls.</li> </ul> | <p>Government, Ministry of Health</p> <p>Ministry of Health, development partners, and UN agencies</p> <p>Ministry of Health, UN agencies</p> |

##### 2.1.2 Target all women and girls, not only mothers, with interventions to prevent, detect and treat malnutrition in all its forms

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| <p>All women and girls have an innate right to good nutrition regardless of all else. Essential components of women's and girls' nutrition fall across the life cycle and are not limited to maternal nutrition only.<sup>88</sup></p> | <ul style="list-style-type: none"> <li>• Revise nutrition service protocols to modify and standardize nutrition service delivery points and practices to accommodate the needs and preferences of girls. Modifications should cover essential nutrition services including nutrition screening, counseling on dietary practices and physical activity, and supplementation.</li> <li>• Develop innovative entry points and care pathways to identify and support women and girls at heightened risk and in need of support, such as services targeting small and/or nutritionally at-risk infants under 6 months.</li> <li>• Issue global guidance on optimal, context-specific mid-upper arm circumference (MUAC) cutoffs for wasting in women and adolescent girls (not only pregnant and lactating women).</li> <li>• Fund research to document what package of ANC (and prenatal care) services best support nutrition and health outcomes in adolescent girls, including the optimal delivery platform(s) and cost-effectiveness.</li> </ul> | <p>Ministry of Health, health system decision-makers, care providers</p> <p>Ministry of Health, health system decision-makers, care providers</p> <p>Ministry of Health</p> <p>Donors, Ministry of Health, development partners and UN agencies, academia, and research groups</p> |
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**2.1.3 Integrate nutrition counseling beyond pregnancy for all women of reproductive age**

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| <p>Many countries have policies and service protocols that include nutrition counseling, which is universally recommended by WHO for all pregnant women<sup>89</sup> Yet coverage and quality of nutrition counseling is uneven, and nutrition counseling for non-pregnant women of reproductive age is not prioritized<sup>90, 91, 92</sup></p> | <ul style="list-style-type: none"> <li>• Maternal nutrition counseling beyond ANC: Strengthen existing contact points and referral mechanisms for women within health and nutrition policies and revise as necessary to include multiple contact points in service delivery, from preconception to ANC, childbirth, postnatal care, immunization and growth monitoring and promotion contacts, well baby and sick child visits, and wasting treatment services.</li> <li>• Translate these changes into standardized service delivery, with required resources for implementation.</li> <li>• Nutrition counseling beyond maternal nutrition: Revise nutrition and health policies to include nutrition counseling in adolescent health clinics, in the preconception period, through family planning contacts and contacts for seeking reproductive and sexual health services.</li> <li>• Translate these changes into standardized service delivery, with required resources for implementation.</li> <li>• Invest in community services and cadres that can carry out quality counseling.</li> </ul> | <p>Ministry of Health, health system decision-makers</p> <p>Ministry of Health, health system decision-makers, private sector</p> <p>Government, Ministry of Health, health system decision-makers</p> <p>Ministry of Health, health system decision-makers, private sector</p> <p>Ministry of Health, health system decision-makers</p> |
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**2.1.4 Include nutrition as a central element in all efforts to achieve Universal Health Coverage (UHC)**

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| <p>UHC cannot be achieved without ensuring women and girls have access to quality nutrition services.<sup>93</sup> Malnutrition increases the risk of infectious diseases, noncommunicable diseases, and maternal and neonatal death.<sup>94</sup> The costs of treating malnutrition are not high. Nutrition services are among the health interventions that save the most lives and prevent disease while giving the highest return on investment. Every dollar invested yields on average between \$4 and \$35 in return.<sup>95</sup></p> | <ul style="list-style-type: none"> <li>• Affirm policy and financial commitments for the integration of nutrition interventions into national UHC roadmaps and plans.</li> <li>• Expand effective coverage of essential nutrition actions through the health system, where possible, and through alternative delivery platforms where health systems are not functioning (in emergency and fragile settings), with a focus on reaching those most left behind (women and girls).</li> </ul> | <p>Government, Ministry of Health, Ministry of Finance, development partners and UN agencies</p> <p>Ministry of Health, health system decision-makers</p> |
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## 2.2 Improve health service quality

### 2.2.1 Improve nutrition counseling on dietary intake, consumption of supplements, and care

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| <p>Historically, there is low investment for improving quality of nutrition counseling on diet and care.</p> <p>Counseling, including on breastfeeding, has been proven to have an effective impact on care and dietary practices, and child spacing benefits for nutrition.<sup>96, 97, 98</sup></p> | <ul style="list-style-type: none"> <li>• Adopt quality nutrition counseling standards and allocate funding to build capacity of skilled health workers.</li> <li>• Include nutrition in the curriculum of key health workers at all levels.</li> </ul> | <p>Ministry of Health, development partners, and UN agencies</p> <p>Ministry of Education, professional associations</p> |
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### 2.2.2 Increase availability and promote use of supplements (iron, folic acid, multiple micronutrient supplementation)

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| <p>Supplements (iron, folic acid, and multiple micronutrient supplementation) are part of the core nutrition package.</p> <p>Progress to meet the global anemia target is off course. Anemia prevalence has shown no progress or worsening in 161 countries.<sup>99</sup></p> | <ul style="list-style-type: none"> <li>• Include UN International Multiple Micronutrient Antenatal Preparation formula into essential medicine list.</li> <li>• Invest in training health workers in supplementation guidelines and counseling skills, particularly community health workers.</li> <li>• Close the gap in women who receive ANC and adhere to supplements during pregnancy through ensuring effective supply of supplements and counseling by health workers.</li> <li>• Support governments to make an informed decision on the potential effectiveness/cost-effectiveness of switching from iron folic acid supplementation to multiple micronutrient supplementation in their national protocols.</li> </ul> | <p>Ministry of Health</p> <p>Ministry of Health, Ministry of Finance, professional associations, development partners and UN agencies</p> <p>Ministry of Health, health system decision-makers, care providers</p> <p>WHO, other UN agencies, development partners</p> |
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### 2.2.3 Promote and reinforce optimal infant and young child feeding practices

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| <p>WHO recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for two years and beyond, with nutritious and safe complementary foods starting at six months. Breastfeeding promotes improved child survival, women's and children's health, and human capital outcomes; appropriate complementary feeding contributes to child survival, growth and development, and lower risk of micronutrient deficiencies and noncommunicable diseases later in life.<sup>100, 101</sup></p> | <ul style="list-style-type: none"> <li>• Monitor implementation of the International Code of Marketing of Breast-Milk Substitutes and national legal measures.</li> <li>• Scale up infant and young child feeding counseling at health facilities and community-based services as recommended in WHO guidelines on breastfeeding counseling.</li> <li>• Prevent commercial influence on health care providers by adequate public funding of preservice education and professional training in infant and young child feeding, especially breastfeeding.</li> </ul> | <p>Government; Ministries of Health/Trade and Commerce, Food and Drug, Information and Communication; customs and border inspectors; national and subnational organizations</p> <p>Ministry of Health, health system decision-makers</p> <p>Government, professional associations</p> |
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| <b>2.3 Increase utilization of health and nutrition services</b>  |  |   |
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| <b>2.3.1 Address barriers to care-seeking</b>   |  |   |
| <p>Women and girls face disproportionate physical, social, and economic barriers to access nutrition services.<sup>102</sup></p> <p>The unequal burden of care imposed on women globally is a major contributor to this inequality. According to the International Labour Organization (ILO), the majority of care work is unpaid and attributed to women and girls, who in 2018 were responsible for three times as much unpaid work as men.<sup>103</sup> This and other barriers keep women and girls from appropriate care-seeking and minimize their utilization of health and nutrition services.</p> | <ul style="list-style-type: none"> <li>• Government must ensure that systemic barriers are addressed, particularly among the most disadvantaged girls and women and strengthen accountability mechanisms at community, district, and national levels for greater access to quality service delivery.</li> <li>• Breakdown barriers to care-seeking (beliefs, social status, cost, distance, lack of awareness, lack of service integration, inadequate quality, or disrespectful care).</li> <li>• Increase scope, capacity, and protection for frontline health workers, who are often the most connected with and trusted in rural areas.</li> </ul> | <p>Government, Ministry of Health, health system decision makers</p> <p>National and subnational organizations, development partners and UN agencies</p> <p>Ministry of Health, development partners and UN agencies</p>                |
| <b>2.3.2 Expand delivery platforms through community-based platforms and invest in community workforce</b>  |  |   |
| <p>Access to health facilities with ANC is challenging in rural and remote communities.<sup>104</sup></p> <p>Anemia and underweight are concentrated in poorer regions. South Asia and sub-Saharan Africa are home to approximately two-thirds of adolescent girls and women with underweight (68%) and with anemia (60%).<sup>105</sup></p> <p>There is inadequate investment in community-based programming and workforce. Only 32% of countries are delivering iron supplements through community-based platforms.<sup>106</sup></p>   | <ul style="list-style-type: none"> <li>• Invest in health extension services: allocate budget for training and wider coverage of extension services.</li> <li>• Scale up health extension services with proven impact (e.g., India’s ASHAs and Ethiopia’s “Women’s Development Army”).</li> <li>• Support upward mobility for women in the health care, nutrition and social protection systems who are doing most of the community-based/caregiving work, are skilled (and receive nutrition and health education in their caregiving roles) but are denied paid work.</li> </ul>   | <p>Ministry of Health, Ministry of Finance</p> <p>Ministry of Health, development partners and UN agencies</p> <p>Ministry of Health, Ministry of Social Affairs, Ministry of Women’s Affairs, development partners and UN agencies</p> |

| SOCIAL PROTECTION  |  |  |
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| 2.4 Intentionally design and strengthen social protection systems to be nutrition and gender-sensitive to address intersecting forms of vulnerability and inequality   |  |  |
| 2.4.1 Improve the coverage, adequacy, comprehensiveness, quality, and responsiveness of social protection systems to mitigate malnutrition and vulnerability   |  |  |
| <p>Social protection, done right, is a powerful lever to improve nutrition and social inclusion by adequately and comprehensively reaching underserved populations and addressing both their practical and personal aims for livelihood development and security needs, reduce risks and build long-term resilience.</p> <p>Social protection is a catalyst for other sectors, and existing programs serve as a platform for implementing nutrition-sensitive interventions, addressing the needs, risks, and inequalities faced by women and girls.</p> | <ul style="list-style-type: none"> <li>• Revise/ adopt and implement social protection policies and programs that better recognize the linkages between social protection and food security and nutrition and:               <ul style="list-style-type: none"> <li>◦ Ensure social protection mechanisms specifically address the multiple burdens of malnutrition.</li> <li>◦ Adopt a life cycle approach, recognizing the specific needs and risks faced by women and girls at different stages of their lives, including the importance of maternity leave and breastfeeding breaks for reproductive health.</li> <li>◦ Adopt a gender sensitive and intersecting inequalities lens.</li> <li>◦ Integrate men and masculinities in the adoption of a gender relational lens in policy and programming.</li> <li>◦ Focus on the social, economic, and physical access to healthy, safe, nutritious food rather than just availability of food, including for early nutrition.</li> <li>◦ Adopt a multisectoral and capabilities approach to development.</li> </ul> </li> <li>• These initiatives can be supported by the implementation of policies with double duty actions. Such policies include those that simultaneously address undernutrition and mitigate the risk of obesity and diet-related noncommunicable disease, such as enhanced dietary diversity or promotion of breastfeeding.</li> </ul> | <p>Government, Ministry of Social Affairs, Ministry of Women's</p> |

**2.4.2 Increase social inclusion and gender sensitivity in social protection systems to recognize women's and girls' specific risks and support their economic empowerment**

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| <p>Women are beneficiaries of social protection in their own right, including on the basis of their unpaid work, rather than just recipients or conduits as mothers and caregivers, or as paid workers.</p> <p>Transfer/instrument needs to be adequate in size and frequency to address poverty, food insecurity, and different forms of malnutrition (particularly considering the unaffordability of healthy diets).</p> <p>This is critical since these have been shown to improve women's dietary diversity and consumption of nutritious foods.<sup>107, 108, 109</sup> Only 21% of the poorest receive social transfers in low-income countries, compared to 73% in high-income countries.</p> <p>Domestic responsibilities and childcare hold women back from formal employment and critical social schemes as a result.<sup>110</sup></p> <p>UN Women recently called for universal social protection systems, including paid maternity and parental leave and child and family transfers.</p> <p>Gender gap in food insecurity rose in 2021 — 31.9% of women moderately or severely food insecure compared to 27.6% of men (gap of more than 4%, compared to 3% in 2020).<sup>111</sup></p> <p>The COVID-19 pandemic exacerbated the burden of care for women.<sup>112</sup></p> | <ul style="list-style-type: none"> <li>• Develop policies with a gender transformative approach to span social assistance, social insurance, and labor market interventions:             <ul style="list-style-type: none"> <li>◦ Social assistance: Consult women in affected populations and develop guidelines to design cash transfers, in-kind transfers, and public work programs that respond to their expressed needs (e.g., the Productive Safety Net Program (PNSP) framework in Ethiopia, redesigned to address needs more accurately).</li> <li>◦ Social insurance: Adopt policy that expands access to schemes covering costs related to maternity, child support, unemployment, pension, disability, and disaster.</li> <li>◦ Labor market interventions: Adopt policies to expand access to maternity benefits and paternity leave. Adopt a maternity protection policy for all mothers, in all sectors, including parental leave.</li> </ul> </li> </ul> | <p>Government, development partners and UN agencies</p> |
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## IMPACT STORY

### **Integrating maternal nutrition in antenatal care platforms is feasible and improves nutrition practices: Examples from Burkina Faso, Ethiopia, and India**

While the governments of Burkina Faso, Ethiopia, and India were reviewing overall ANC services in light of the 2016 WHO ANC guidelines, Alive & Thrive engaged them to study if and how nutrition interventions could be streamlined in ANC. Alive & Thrive provided technical assistance to governments in each country to develop and implement a package of evidence-based nutrition interventions to be integrated in ANC services, covering four components: counseling on dietary diversity and quality; iron folic acid (IFA) and calcium supplementation and counseling; weight gain monitoring and counseling; and counseling on breastfeeding.

Government health officials were engaged in every step of the process — from designing the interventions, to reviewing initial results, to developing ideas for scale-up — ensuring buy-in and ownership.

In each country, study results showed that integrating nutrition interventions into the ANC platforms was feasible, and that doing so led to positive impacts on maternal nutrition outcomes.

The conclusive implementation research, combined with the high engagement of government authorities, is resulting in policy change: In Burkina Faso, the Ministry of Health is now developing a national plan to progressively offer the package nationwide and mobilize adequate resources. The state of Uttar

Pradesh, India, where the package of interventions was implemented, started integrating and prioritizing maternal nutrition protocols in their ANC platform. In Ethiopia, the Government is revising maternal nutrition guidelines based on implementation research.

Notably, the experiences of these three countries are replicable and adaptable to other settings: “With these experiences, we further clarified the common barriers across countries that needed to be addressed and the strategies that could be used to address them,” said Tina Sanghvi, Alive & Thrive Director in Bangladesh, where A&T had first tested the feasibility of integrating nutrition in ANC. “Most low- and middle-income countries will likely need to address these barriers, using a combination of these health systems strengthening and community-based strategies” she said.

*Source: Alive and Thrive, 2022.*

*Credits: Alive & Thrive: Tina Sanghvi, Zeba Mahmud, Sebanti Ghosh, Tamirat Walissa and Gerald Zafimanjaka for intervention development, country adaptation, and implementation in four countries. BRAC (NGO): Bachera Aktar and Kaosar Afsana for initial development and feasibility testing in Bangladesh. IFPRI: Phuong Hong Nguyen and Sunny S. Kim for evaluations in four countries.*

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# IMPACT STORY

## Social protection for food systems strengthening in Mali, Burkina Faso, and Niger

Social protection is essential in the context of Central Sahel countries, where the food security and nutritional status of populations, especially women and children, is severely compromised.

The Crise Alimentaire au Centre Sahel (CRIALCES) Project for food systems strengthening in Central Sahel (Mali, Burkina Faso, and Niger) was launched by the World Food Programme in collaboration with national governments, the private sector, and civil society. The project spans three areas — food supply, food market, and food demand, improving linkages from farm to fork.

Social protection for food system strengthening requires targeted improvement of the capability and capacity of producers of nutritious foods, such as smallholder farmers' organizations, alongside improving the functioning of food transformation units. The project also supports the transformation of products into complementary foods for distribution in markets and shops.

By working with regulatory authorities, food safety and quality systems are improved, boosting the availability of nutritious foods on local markets. Electronic value vouchers are provided to pregnant and lactating women and children ages 6 to 23 months. In parallel, enhanced social behavioral change communication activities instigate healthier food choices for men and women and proper feeding practices for their infants.

In Mali, the CRIALCES experience is being integrated in the national flagship social protection program, where market functionality analysis and food price monitoring is integrated into the information system. This allows beneficiaries to receive an adequate nutrition "top-up," which complements household cash transfers that often don't provide enough of a safety net to ensure adequate nutrition. This integrated assistance package is now provided to CRIALCES beneficiaries included in the national social registry.

In all CRIALCES countries, national analytical capacities for monitoring markets and the prices of nutritious foods are improving, providing continuous monitoring of market prices and availability of nutritious food that contribute to adequate transfers and improved social protection targeting.

*Source: Linking Nutrition and Social Protection in Western Africa, WFP, 2022.*

[https://docs.wfp.org/api/documents/WFP-0000144570/download/?\\_ga=2.141157178.968449536.1683820907-85262873.1683522133](https://docs.wfp.org/api/documents/WFP-0000144570/download/?_ga=2.141157178.968449536.1683820907-85262873.1683522133)

*Additional Source: Food Systems in Crises: CRIALCES Project Factsheet.*

<https://docs.wfp.org/api/documents/WFP-0000142829/download/>

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# IMPACT STORY

## Policy actions that have been taken at national level to advance women’s and girls’ nutrition

### **Multiple micronutrient supplementation: From global standard to availability at country level – “A big win for mothers worldwide”**

The addition of prenatal MMS by WHO to its Model List of Essential Medicines (EML) in October 2021 marked the start of a new era for tackling maternal malnutrition and improving pregnancy outcomes for countless mothers who lack access to nutrient dense diets or proper antenatal health and nutrition services worldwide.

The EML is a register of the minimum medicine requirements for every country’s health system. Functioning health systems require high priority medicines to be available for everyone, and as such, the EML “lists the most efficacious, safe and cost-effective medicines for priority conditions.”

The registration of MMS on WHO’s EML thus represents a significant step forward to create an enabling environment for it to be delivered through health systems. National drug authorities often follow WHO’s normative guidance on health standards when composing their own national essential medicine lists. The inclusion of MMS in WHO’s EML has motivated national stakeholders and authorities to prioritize research and the review of MMS for introduction in their respective EMLs.

The addition of prenatal MMS by WHO to its Model List of Essential Medicines (EML) in October 2021 marked the start of a new era for tackling maternal malnutrition and improving pregnancy outcomes for countless mothers who lack access Guidance provided by WHO in 2020 on antenatal care recommend the use of MMS containing iron and folic acid in the context of rigorous research. Countries such as [Bangladesh](#), [Burkina Faso](#), [Tanzania](#) and [Madagascar](#) have kick-started implementation research – a critical step for approval and integration of MMS into health services.

In the Philippines, for example, where MMS is not yet included in the National Drug Formulary (equivalent to a national EML), a rigorous process for its approval by the Ministry of Health is now underway following WHO’s policy change to the EML. This includes implementation research with leading expert groups, including the Nutrition Center of the Philippines, UNICEF, Vitamin Angels, World Vision Foundation, Royal DSM, and Sight and Life, who are collaborating to generate data on the feasibility and acceptability of MMS, to support the inclusion of MMS into the national drug list.

Adequate nutrition during pregnancy – or the first half of the first 1,000 days – has too often been neglected. Women’s nutrition needs dramatically increase during pregnancy as their bodies support their baby’s growth and development. The consequences of maternal malnutrition are severe.

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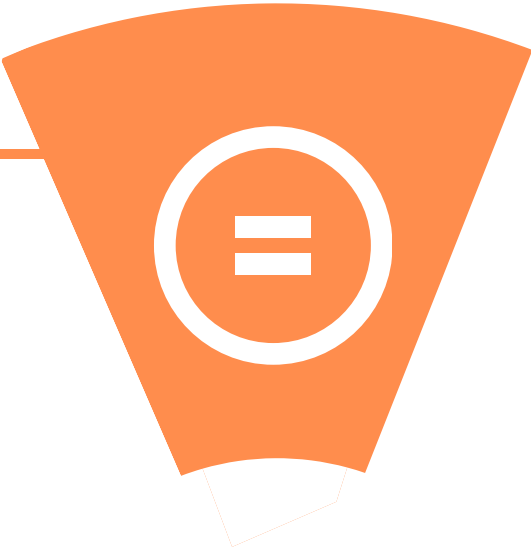
Over the years, IFA supplementation has been a core component of antenatal care programs in many countries.

The introduction or transition to MMS, which includes essential vitamins and minerals, in addition to IFA, can significantly improve the health and lives of mothers and babies worldwide. To support country partners and facilitate the inclusion of MMS in national medicine or drug lists, the Healthy Mothers Healthy Babies Consortium (HMHB), hosted by the Micronutrient Forum has developed advocacy and related knowledge tools in conjunction with the New York Academy of Sciences to help support global and national stakeholders.

Progress on national adoption and implementation of MMS is being captured on the [World Map of MMS activities](#), which summarizes research and implementation activities at the country level by various partners. Moving forward, HMHB and its members aim to support national actions across more countries in support of its vision to reach 75 million mothers and their babies with MMS by 2030.

WHO's policy leadership and normative guidance have brought much-needed focus on maternal nutrition — motivating and rallying diverse actors at the national level to accelerate their respective actions to tackle maternal malnutrition. Further collective efforts by global, regional, and national stakeholders that strengthen enabling environments for MMS can and will help set new trajectories to improve the nutrition status of mothers worldwide.

*Source: A Big Win for Mothers Worldwide, Micronutrient Forum, 2022.*  
<https://micronutrientforum.org/a-big-win-for-mothers-worldwide/>



# ACTION AREA 3: GENDER EQUALITY

## NUTRITION IS A FEMINIST ISSUE.

The Gender Nutrition Gap is both a determinant and outcome of the other gender gaps — women who are undernourished often have less access to quality education, have lower income potential, and face more barriers in the workplace which all contribute to gender inequality.

Since good nutrition for women and girls is deeply rooted in gender equality and how economic, social, and cultural circumstances interact, we must see women and girls as active, empowered individuals, while also taking action to change the systems that affect them. Across sub-Saharan Africa, 75% of undernourished women and children do not live in the poorest households, which illustrates that malnutrition is not simply a byproduct of poverty but also of other factors and systems, such as social norms and intrahousehold dynamics.<sup>113</sup>

Women’s and girls’ access to, and participation in, education, policymaking, vocational training, income earning opportunities, land use, technology, and financial systems is foundational to achieving optimal health and nutrition. Good nutrition fuels and empowers women and girls in all areas of life; stamping out micronutrient deficiencies, undernutrition, and obesity supports women’s and girls’ ability to flourish.

Economic and leadership freedoms for women require robust policymaking and a continuing shift in business norms, including intolerance for sexual and all other forms of discrimination and a greater appreciation for the soft skills that women often excel in and that are beneficial for business. In 2022, women held 32% of senior management roles globally.<sup>114</sup> While this Action Agenda does

not lay down a full framework for achieving gender equality in the workplace, it does outline actions that are necessary to bridge gaps in social security and access to financial literacy, land ownership, and education.

This Action Agenda promotes a gender transformative and political economy approach to nutrition, considering structural drivers and systemic biases that affect women and girls — their autonomy, well-being, nutrition, education, and economic and other freedoms — and are the root cause of the unacceptable outcomes we see today. To this end, the Gender Transformative Framework for Nutrition provides a tool to action for some of the recommendations laid out in this agenda. It reminds us that “an effective response requires that gender equality and the empowerment of women and girls becomes the central foundation upon which multisectoral responses to nutrition are built.”

**Gender equality and the empowerment of women and girls is a fundamental human right, which mutually enforces the right to adequate food”**  
- Emergency Nutrition Network

The Gender Equality section in the Framework for Action below detail actionable steps to build mutually reinforcing determinants of gender equality and optimal nutrition.

**ACTION AREA 3: ADVANCE GENDER EQUALITY AND WOMEN'S AND GIRLS' EMPOWERMENT**

**3.1 Develop or revise food, education, employment and social protection policies with a gender-transformative approach to uphold women's rights**

**3.1.1 Identify and address gender-inequitable laws and policies across sectors that impact women's and girls' nutrition**

| <b>WHY does this matter?</b>   | <b>Example Commitment (HOW)</b>  | <b>Stakeholder (WHO)</b>  |
|--|--|---|
| <p>Official and customary policies and laws govern aspects of land ownership, control of assets and resources, entrepreneurship, employment, and marriage/divorce; these policies and laws are not always inclusive of women.<sup>115</sup> Even when policies are established, enforcement and interpretation vary by community and context, and often favor men's control over women's control.</p> <p>Men generally have greater access to financial resources, land ownership, credit, education, and employment opportunities than women.<sup>116</sup></p> | <ul style="list-style-type: none"> <li>• Adopt the Committee on World Food Security's voluntary guidelines, which provide policy guidance on gender equality and women's and girls' empowerment in the context of food security and nutrition to revise or reformulate legislation and policies.<sup>117</sup></li> <li>• Conduct a gender analysis of policies and laws pertaining to health, nutrition, agriculture, education, trade, land, and family to identify where they directly or indirectly discriminate against women and prevent the realization of their right to food, education, and employment.</li> <li>• Develop an advocacy paper on the policy changes needed and suggested wording, and promote a participatory process to ensure women's voices and leadership in the policymaking space.</li> </ul> | <p>Government</p> <p>Development partners and UN agencies</p> <p>Development partners and UN agencies</p> |

**3.2 Engage power holders in addressing harmful social and gender norms that impact women's and girls' nutrition**

**3.2.1 Foster multistakeholder action to accelerate the elimination of discriminatory norms**

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| <p>Social and gender norms — or one's beliefs about what others do — are one of many factors influencing behavior change. Social norms can influence beliefs about men's and women's roles and responsibilities in the household, childcare, and feeding practices, and who makes decisions about household food purchases.<sup>118, 119</sup></p> <p>Normative beliefs about healthy diets and infant and young child feeding practices can go against information and weaken the effectiveness of frontline workers' counseling or other social and behavior change approaches.<sup>120</sup> Normative beliefs on decision-making and control of resources also affect women's food security.<sup>121, 122</sup></p> <p>Positive social norms and family support are associated with improvements in maternal nutrition practices.<sup>123</sup></p> | <p>The following steps are adapted from CARE's Gender Equality and Women's Empowerment in the context of Food Security and Nutrition:<sup>124</sup></p> <ul style="list-style-type: none"> <li>• Identify the social and gender norms influencing women's and girls' nutrition in the community of interest through participatory research, as well as the reference groups and related sanctions, and use the findings to develop a social and behavior change strategy.</li> <li>• Engage influential reference groups to shift social norms impacting women's and girls' nutrition outcomes, including mothers-in-law and grandmothers who might dictate what food women and girls eat, and traditional and religious leaders.</li> <li>• Engage men and boys in all relevant protocols and interventions, addressing gender norms in the food security and nutrition sphere, encouraging more equal sharing of responsibilities for unpaid work, and underscoring its relationship to the importance of breastfeeding.</li> <li>• Support community champions and change agents within food systems and social systems to influence norms on women's and girls' nutrition and empowerment.</li> <li>• Strengthen the capacity of public, private, and voluntary sector partners to achieve social norms change at household, community, institutional, and policy levels.</li> </ul> | <p>Government</p> |
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**3.3 Foster and promote women’s participation and leadership at all levels in food systems**

**3.3.1 Engage women and their organizations in all steps of policy design pertaining to food systems**

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| <p>Men are more likely to participate in more profitable value chains and extension activities, while women participate in less profitable activities or production for the household.<sup>125</sup></p> <p>Training programs and government support programs for agriculture and nutrition programs must be designed and implemented to be more inclusive of women participants.</p> <p>Women will also need support from their household, community, and institutions to be further engaged in profitable food systems and extension activities.</p> <p>Engage women farmer organizations: Women who are part of farmer organizations tend to have much more livelihood security, as highlighted in Ceres 2030 findings that look at the best bets in agriculture to double smallholder farmers’ livelihoods.<sup>126</sup></p> <p>Women’s associations in food systems have proven to be an effective channel to engage women but are often overlooked in both food system design and policy design.</p> | <ul style="list-style-type: none"> <li>• Design food systems programs and trainings that recognize women as producers, entrepreneurs, and small-business holders along the value chain (not just as recipients/targets of good/healthy diets) and are responsive to women’s needs (e.g., at a time and place conducive to women’s other responsibilities in the household).</li> <li>• Adopt positive discrimination measures (e.g., quotas) to ensure women’s representation in positions of power and leadership.</li> <li>• Adopt the Global Food Systems 50/50 accountability framework to monitor progress and hold food systems organizations accountable for achieving gender equality in leadership, setting gender equitable internal workplace policies, and implementing strategies that advance progress toward gender-just and equitable food systems, including recognition of the value of breastfeeding as the lynchpin of the first-food system.<sup>127</sup></li> <li>• Engage women farmer organizations and women’s groups within farmer organizations as platforms to foster change in nutrition and livelihoods.</li> </ul> | <p>Gender sector decision-makers, academia and research groups</p> <p>Government</p> <p>Government, development partners and UN agencies</p> <p>Government</p> |
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**3.4 Provide incentives for women’s empowerment: Protect girls’ and women’s rights to education, work opportunities**

**3.4.1 Promote adult education**

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| <p>Women are systemically disadvantaged in terms of access to education — and evidence shows clear links between education level and socioeconomic status, which affects health and nutrition.<sup>128, 129, 130, 131</sup></p> | <ul style="list-style-type: none"> <li>• Develop policies that institute continuing education opportunities and catch-up education opportunities for women.</li> </ul> | <p>Government, Ministry of Education, Ministry of Women’s Affairs</p> |
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| <b>3.4.2 End early marriage</b>   |   |  |
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| <p>Child marriage devalues girls and cuts short their education and income-earning opportunities, and often leads to childbearing in adolescence.<sup>132, 133, 134, 135</sup></p> <p>Child marriage increases the risk of intimate partner violence and early and unplanned pregnancies, which in turn increase the risk of maternal mortality and obstetric complications.<sup>136, 137</sup></p> <p>Keeping girls in schools is the most important factor for preventing early marriage.<sup>138</sup></p> <p>It is critical to break the intergenerational cycle of malnutrition: Higher rates of anemia and malnutrition in girls married young leads to children born with low birthweight, which leads to risks of stunting.<sup>139</sup></p>   | <ul style="list-style-type: none"> <li>• End child marriage through joint action implementing gender-transformative policies.</li> <li>• Ensure that girls are legally protected from child marriage.</li> <li>• Develop and implement social and behavior change campaigns on ending child marriage and preventing early pregnancies.</li> </ul>   | <p>Government, Ministry of Education, Ministry of Women’s Affairs, development partners and UN agencies</p> <p>Government, Ministry of Women’s Affairs</p> <p>Government, Ministry of Women’s Affairs, civil society organizations, community leaders, religious organizations and leaders, development partners and UN agencies</p> |
| <b>3.4.3 Keep girls in school</b>   |   |  |
| <p>Keeping girls in school benefits individuals, communities, and countries. Research shows linkages between education and reduced child mortality and maternal mortality, improved child health, and lower fertility.<sup>140, 141, 142, 143</sup></p> <p>According to the World Bank, between \$15 trillion and \$30 trillion is lost in lifetime productivity and earnings globally due to adult women not having benefitted from secondary education (i.e., 12 years of schooling).<sup>144</sup></p> <p>Schools are also platforms for improving girls’ nutrition. School feeding programs encourage school attendance and provide nourishment to students. In addition to school meals, school health and nutrition programs may include deworming treatment, handwashing with soap, clean drinking water, and other nutrition-sensitive interventions.<sup>145</sup> Good nutrition also plays a role in improving learning.<sup>146</sup></p> | <ul style="list-style-type: none"> <li>• Develop policies and programs that keep girls in school, including tuition incentives for girls, school feeding programs, and improved water, sanitation, and hygiene infrastructure in schools and communities.</li> <li>• Promote child protection and safeguarding mechanisms for all children to ensure safety and well-being, including protection from violence at home and in schools.</li> </ul> | <p>Government, Ministry of Agriculture, Ministry of Health, Ministry of Education, Ministry of Water and Environment, development partners and UN agencies</p> <p>Government, Ministry of Women’s and Child Affairs, civil society organizations, UN agencies</p>  |
| <b>3.4.4 Address discriminatory gender and social norms preventing women and girls from having equitable education and employment opportunities</b>   |   |  |
| <p>Although the global gender gap in education is closing, women are far from experiencing the same social and economic rights as men.<sup>147, 148</sup></p> <p>As a result, women earn 23% less than men globally.<sup>149</sup></p>  | <ul style="list-style-type: none"> <li>• Develop and implement social and behavior change campaigns on the benefits of keeping girls in school, investing in their education, valuing the girl child, and preventing child marriage and early pregnancies.</li> <li>• Identify champions on the linkage between education and nutrition, and positive outcomes for the girl, her family, and her community.</li> </ul>                            | <p>Ministry of Education, development partners and UN agencies, media</p> <p>National and subnational organizations, media, development partners and UN agencies</p>   |



### 3.5 Provide labor market incentives to attract and retain women in employment

#### 3.5.1 Include adult learning as part of employment programs

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| <p>Pre-literate or low literacy women are unintentionally discriminated against in the expectations commonly set on who is qualified to apply for and do a job. The issue is magnified in countries where the literacy level remains low, especially for women. Opportunities exist for jobs to become an avenue for improved literacy and numeracy instead of a barrier.</p> <p>Women are in lower-paid and more insecure jobs than men and at the same time face tremendous barriers in accessing critical social insurance, such as maternity benefits.<sup>150, 151, 152</sup></p> | <ul style="list-style-type: none"> <li>• Design programs for women with low literacy levels to access jobs and gain skill sets on the job (e.g., as community nutrition mobilizers and community health workers with onsite childcare).</li> <li>• Develop guidelines with criteria to reassess the education level required to perform a job, recognize prior knowledge, and provide access to education and qualifications as a benefit of that job and prior knowledge.</li> <li>• Adopt a policy listing the resources available with a job, including childcare, access to professional development, access to education, and access to health care services for all women of reproductive age.</li> </ul> | <p>Ministry of Education, Ministry of Women's Affairs, Ministry of Labor</p> <p>Ministry of Education, Ministry of Women's Affairs, Ministry of Labor</p> <p>Government, Ministry of Women's Affairs, Ministry of Labor</p> |
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#### 3.5.2 Support upward mobility for women in community-based health care, nutrition, and social protection

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| <p>Women are doing most of the community-based and caregiving work and are skilled but are denied paid work.</p> | <ul style="list-style-type: none"> <li>• Ease requirements for literacy and numeracy that hinder women from getting paid work.</li> <li>• Design community-based programming that provides opportunities for women to upskill, recognizing the inequalities, social norms, and need to overcome barriers to their engagement.</li> </ul> | <p>Government, Ministry of Education, Ministry of Women's Affairs, Ministry of Labor, INGOs, CSOs, private sector</p> <p>Ministry of Education, Ministry of Women's Affairs, Ministry of Labor, UN agencies, INGOs, CSOs</p> |
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#### 3.5.3 Provide childcare support in the formal and informal sectors to attract and retain mothers in paid employment

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| <p>Domestic responsibilities and childcare hold women back from formal and informal employment.<sup>153</sup></p> <p>This is a critical underlying factor driving gender inequalities in income and food security.</p> | <ul style="list-style-type: none"> <li>• Adopt policies and regulations to increase access to childcare and family care support in the workplace and community.</li> <li>• Adopt or adapt policies and regulations to include women working in the informal sector.</li> <li>• Develop policies that aim to recognize, reduce, and redistribute unpaid care work (excluding breastfeeding) and engage all family members in this work. Adopt a parental leave/paternal leave policy that prioritizes maternity leave for at least six months to accommodate the period of exclusive breastfeeding and childcare in the critical early months of life.</li> </ul> | <p>Government, private sector</p> <p>Government, business networks</p> <p>Government</p> |
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| <b>3.5.4 Enable and support women to breastfeed in the workplace</b>   |   |  |
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| <p>Women need time, space, and support from their families, communities, and workplaces to breastfeed successfully. Inadequate maternity protection policies in the formal and informal sectors are key barriers to breastfeeding.</p> <p>Research showed that women allowed lactation breaks during work were nearly 62 times more likely to continue breastfeeding than women without breaks.<sup>154</sup></p> <p>Improved breastfeeding practices benefit national and global economies as well. The 2016 Lancet Series on breastfeeding found that economic losses due to suboptimal breastfeeding reached more than \$302 billion in 2012.<sup>155</sup></p> | <ul style="list-style-type: none"> <li>• At national level: Adopt maternal protection policies, including paid maternity leave, paid breaks to breastfeed or express milk, and health coverage for lactating women.</li> <li>• Extend these policies to include women working in the informal sector.</li> <li>• In the workplace: Adopt policies and regulations allocating breastfeeding breaks and hygienic and private places for women to breastfeed or express milk, to create a breastfeeding-friendly workplace.</li> </ul>   | <p>Government, donors, development partners</p> <p>Government</p> <p>Government, private sector</p>  |
| <b>3.6 Expand health and nutrition workforce programs</b>  |   |  |
| <b>3.6.1 Scale up health and nutrition interventions in the workplace</b>  |   |  |
| <p>Women make up most of the workforce in certain industries (e.g., tea plantations, ready-made garment industry), which are commonly untapped platforms for improving their health and nutrition.</p> <p>Employers can play an outsized role in supporting women’s nutrition by instituting nutrition interventions in the workplace.</p> <p>There is demonstrated success driven by large companies that take action to support health and nutrition of the female workforce and breastfeeding mothers; this results in less absenteeism (children are healthier), higher motivation, and higher productivity.</p>   | <ul style="list-style-type: none"> <li>• Develop plans and guidance to widely scale up integration of health and nutrition interventions in the workplace, including lactation support, access to safe and nutritious foods during working hours, employer-provided health checks and counseling, and promotion of healthy diets.</li> <li>• Adopt or adapt regulations to include women working in the informal sector.</li> <li>• Engage women’s groups/self-help group platforms in program design and delivery. Scale up/replicate advanced effective interventions (e.g., India, Bangladesh, Vietnam, Nepal).</li> </ul> | <p>Government, Ministry of Health, Ministry of Labor, private sector, development partners</p> <p>Government</p> <p>National and subnational organizations</p> |

### 3.7 Empower women to own means of production

#### 3.7.1 Remove barriers to productive assets for women and girls

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| <p>Efforts to empower women to own means of production need to be linked to actions to shift social and gender norms at the same time.</p> <p>Even if regulations and legislation to enable women to own land and other means of production exist, discriminatory norms are holding back actual implementation of these policies.</p> | <ul style="list-style-type: none"> <li>• Adopt regulations and legislation to enable women to own land and other means of production/assets.</li> <li>• Adopt regulations and legislation to enable women to access financial services, education, and technology services.</li> <li>• Identify and equip women to be champions at all levels — national, subnational, and community —and demonstrate impact of owning means of production, including household and subsistence food production.</li> <li>• Run social change campaigns to shift social norms regarding women’s and girls’ access to financial services, land, education, and technology services.</li> </ul> | <p>Government, Parliament</p> <p>Government, Parliament</p> <p>National and subnational organizations, media, development partners and UN agencies</p> <p>Government, National and subnational organizations, media, development partners and UN agencies</p> |
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#### 3.7.2 Support women-led businesses to overcome systemic discriminatory norms and practices

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| <p>Small women-led businesses are facing systemic discrimination in accessing training, loans, and access to legal counsel. <sup>156, 157</sup></p> | <ul style="list-style-type: none"> <li>• Develop grant guidelines for small and medium-sized enterprises that include pre-education steps on proposal drafting, business plan development, and other skills to build the capacity of small and medium-sized enterprises, creating a pathway to access finance.</li> <li>• At national level: Develop a specific package of services to support women’s groups and women-led businesses to partially make up for the social factors stacked against them.</li> <li>• International development investment: Advocate for large-scale investors to have a policy/commitment within their gender approach to accompany and provide capacity building along with grants or loans to correct some of the bias women are facing and guarantee half of their investments go to women.</li> </ul> | <p>Government, Ministry of Labor, private sector, development partners, UN agencies and Scaling Up Nutrition (SUN) Business Network, entrepreneurs, social impact investors, tech innovators</p> <p>Government, Ministry of Labor, Ministry of Finance, Ministry of Women’s Affairs, and private sector</p> <p>Donors and philanthropies, development partners and UN agencies</p> |
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## IMPACT STORY

### IN MALAWI: KEEPING GIRLS IN SCHOOL BECOMES A MATTER OF NATIONAL IMPORTANCE

In Malawi, 52% of girls are married before the age of 18 years — and it is taking commitment at all levels to promote the girl child’s rights and reduce teen marriages and early pregnancies. Under the leadership of then-President of Malawi Peter Mutharika, a champion of the UN Women “He for She” campaign, the Marriage, Divorce and Family Relations Act (Marriage Act) — an act that Malawi started working on 20 years ago — became law in 2015, setting the minimum age for marriage at 18 years.

This high-level leadership is being met with equal commitment from local level traditional authorities who are working within their communities to realize the rights of every girl child. Chiefs have been trained on all gender-related laws including the Gender Equality Act and the Marriage, Divorce and Family Relations Act, and are making sure that these laws are being enforced at the village level



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through their integration within community bylaws. They have developed their own declaration to mobilize their community members to support the empowerment of women, end gender-based violence and child marriages, and support girls' education.

Religious leaders have also been sensitized to the danger and consequences of early marriage to ensure that they do not bless child marriages. As key community gatekeepers, they have been encouraged to act as champions of change in their communities by openly advocating for the empowerment of women.

Several incentive programs, including but not limited to nutrition, are intended to keep girls in school, such as: a school feeding program, take-home food rations for girls, free boarding options for girls, free learning materials, cash transfers for school-related needs, scholarships and bursaries, and education on human rights, gender equality, and the empowerment of women to ensure that women and girls are aware of their rights. The government also emphasizes the need to educate girls at the household level on the importance of good nutrition, food choices, and preparation so they can make informed choices.

While child marriages and girls' education are still big challenges in Malawi, this approach is combining conducive policies with legal frameworks and financing and has led to considerable progress. Many girls have left forced marriages and reintegrated into school. SUN is now working to capitalize on this progress to improve nutrition outcomes. It will require further investment in trained personnel at the local level, as well as training on gender mainstreaming and gender-responsive budgeting, to ensure that all relevant government ministries are engaged in empowering women.

*Source: Excerpted and adapted from "Empowering Women and Girls to Improve Nutrition: Building a Sisterhood of Success." SUN, 2016. <https://scalingupnutrition.org/wp-content/uploads/2016/05/IN-PRACTICE-BRIEF-6-EMPOWERING-WOMEN-AND-GIRLS-TO-IMPROVE-NUTRITION-BUILDING-A-SISTERHOOD-OF-SUCCESS.pdf>*



**"I have terminated 330 marriages of which 175 were girl-wives and 155 were boy-fathers; I wanted them to go to school and that has worked,"**

**- Senior Chief Inkosi Kachindamoto told Nyasa Times.**

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## IMPACT STORY

### UNDERSTANDING AND ACTING ON WHAT WOMEN WANT

When it comes to health and nutrition, the rights of women and girls must be at the center of solutions. In 2019, through an open-ended question that let women set the agenda, the What Women Want campaign asked more than one million women and girls around the world about their one request for their maternal and reproductive health. Healthy food, proper nutrition, and related information emerged as a top demand, with an emphasis on quality and hygienic food, especially for pregnant and postpartum women. Women's words were harrowing yet galvanizing, especially from the frontlines of the flood-affected areas of Pakistan.

The campaign has galvanized 45 policy changes to date, including the declaration of women's health as an essential service in Pakistan during the COVID-19 pandemic. The government framework protected nutrition services in addition to reproductive, maternal, newborn, and child health and family planning services, responding directly to women's demands. Their calls for food and nutrition were echoed in subsequent campaigns focused on understanding what midwives and women facing climate disaster want.

**"I was getting weaker from breastfeeding my child and became anemic. I could not get any vitamins because of the flood – all the roads were closed; the basic health units were also submerged. I was feeding the baby by pumping empty water."**

**- Woman, Age 25,  
Sohbatpur District**

*Source: Written by White Ribbon Alliance / What Women Want*



## ACTION AREA 4: MULTISECTORAL POLICY ENVIRONMENT

**THE NUTRITIONAL STATUS OF WOMEN AND GIRLS CAN BE A GAUGE FOR EQUAL SOCIO-ECONOMIC PROGRESS, AS WELL AS A DETERMINANT. ADDRESSING MALNUTRITION REQUIRES A MULTISECTORAL APPROACH.**

Countries and national governments must lead in implementation. We can course correct if national leaders, together with global partners, prioritize action, invest, and hold themselves accountable to deliver results on women's and girls' nutrition. Having a common framework for women's and girls' nutrition speaks to a diverse set of multisectoral actors and allies to drive rapid progress in recognition that progress on women's and girls' nutrition is pivotal to a country's overall health, economic growth, and development. There are important questions for strengthening multisectoral policies at the country level: What is being tracked and measured? How does that change based on the intervention package? What lessons can be learned to help make cost efficiencies between sectors? Ultimately, the incentive needs to be clear: Investment in women's and girls' nutrition will accelerate other policy goals.

Now more than ever, we need to combine efforts and strategically multiply our impact to build systematic action for women's and girls' nutrition that adds value to movements already fast happening in gender equality, social inclusion, MNCH, and climate spaces.

By engaging decision-makers, especially women, both within health and nutrition sectors, as well as more broadly across climate, food systems, gender equality, fiscal and social policy, and education spaces, there is greater opportunity to change the status quo, bring coherence to policy environments, bridge gaps in access and coverage of proven interventions, scale funding, and strengthen accountabilities for all women and girls.

**There are no guidelines that bring together all the nutrition recommendations for adolescent girls and women.**

- The Emergency Nutrition Network

The Multisectoral Enabling Policy section in the Framework for Action below detail actionable steps to strengthen policy and legislation frameworks.

## ACTION AREA 4: STRENGTHEN THE MULTISECTORAL POLICY ENVIRONMENT

### 4.1 Close the data gaps on women's and girls' nutrition, including diet quality

#### 4.1.1 Invest in standardization and routine availability of data on women's and girls' nutrition, including diet quality

| WHY does this matter?   | Example Commitment (HOW)   | Stakeholder (WHO)  |
|---|--|--|
| <p>Data on nutrition services for women and girls available in health information systems are focused mainly on maternal nutrition interventions and not in all countries. A low number of countries have indicators on iron and folic acid supplements provided to pregnant women, and very few countries have an indicator on nutrition counseling.<sup>158, 159</sup></p> <p>Data on the coverage of maternal nutrition interventions are not collected in a standardized way in national household surveys and extended recall periods is a concern for valid estimates, which impedes comparability across countries and tracking global progress.<sup>160</sup></p> <p>Lack of dietary data hinders action on effective strategies, programs, tracking progress, and ensuring accountability.</p> <p>We lack standard indicators for quality of care.<sup>161</sup></p> <p>Several global initiatives, including DataDENT and WHO-UNICEF TEAM, are working to improve multisectoral nutrition data quality, data collection systems, and data use for evidence-based nutrition advocacy and policymaking.</p> | <ul style="list-style-type: none"> <li>Invest in regularly collected data from administrative and survey sources, and actively support use of data to track nutrition services and dramatically improve visibility, decision-making, actions, and accountability for women's and girls' nutrition.</li> <li>Fill gaps in data on intervention coverage, particularly with transition and scale-up of MMS, calcium, and BEP as well as standard indicators of quality of care.</li> <li>Address validity issues for indicators that depend on maternal recall of nutrition services during pregnancy.</li> <li>Track and routinely report progress and coverage of interventions on the diet quality of women and girls, including infant and young child feeding.</li> <li>Adopt tools to measure diet quality, such as the Global Diet Quality Score (GDQS) metric and app, and track how the healthy and unhealthy components of the diet are changing.</li> <li>Invest in large-scale, national quantitative 24-hour dietary recall surveys by countries; between those surveys, carry out routine, large-scale collection of diet quality data to assess and monitor how diets are changing and inform programs and policies.</li> <li>Strengthen local capacity to strategically finance and conduct surveys to collect women's and girls' nutrition-related data.</li> <li>Strategically assess current data collection platforms and remove duplication (e.g., same stunting indicators conducted on multiple surveys within a short period) to optimize available data collection efforts and resources and focus on the information necessary to make priority decisions.</li> <li>Invest in better data on women's and girls' nutrition in hard-to-reach, fragile, and humanitarian settings where needs are high and data are scarce</li> </ul> | <p>Government</p> <p>Government, Ministry of Health, development partners and UN agencies</p> <p>Government, Ministry of Health, development partners and UN agencies</p> <p>Government, development partners and UN agencies</p> <p>Government, development partners and UN agencies, entrepreneurs, social impact investors, tech innovators</p> <p>Government</p> <p>Development partners</p> <p>Government</p> <p>Government, development partners and UN agencies</p> |



**4.2 Ensure policy protection and policy coherence for women's and girls' nutrition**

**4.2.1 Ensure evidence-based policies from multiple sectors are in place to promote gender equality and improve women's and girls' nutrition**

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| <p>Inadequate policy protection and discriminatory norms and policies deprive women and girls of healthy diets, essential nutrition services, access to social protection services, and nutrition and care practices they need.</p> | <ul style="list-style-type: none"> <li>• Implement social protection policies, decent work policies, policies against child marriage, inheritance and asset ownership policies, maternity protection and family-friendly policies that promote gender equality, deliver healthy diets, essential nutrition services and positive nutrition and care practices for women and girls</li> </ul> | <p>Government, development partners and UN agencies</p> |
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**4.3 Reinforce governance and increase resource mobilization to urgently close gaps at policy, program, and service levels**

**4.3.1 Track national and sub national governments, bilateral and multilateral development partners financial and policy commitments to prioritize women's and girls' nutrition**

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| <p>Bolder leadership and gender responsive budgeting is needed to galvanize action and dedicate resources to improve women's and girls' nutrition.</p> | <ul style="list-style-type: none"> <li>• Hold stakeholders accountable for commitments made at Nutrition for Growth in 2021, particularly those related to anemia, breastfeeding, and low birthweight babies, by, for example, creating/supporting transparent financial tracking and reporting systems and joining the SUN Civil Society Network's social accountability campaign to hold stakeholders to account for promises made.</li> <li>• Mainstream nutrition financing across sectors, setting nutrition financing targets or benchmarks, and supporting tracking systems to measure progress against those financing targets.</li> <li>• Incentivize more public, private sector, and donor investment to improve gender equity and women's and girls' nutrition, for example, in food fortification for healthier diets, while ensuring that private sector investment is guided by government priorities and standards.</li> <li>• Increase budget allocations for social protection programs for women and girls to protect incomes and household nutrition, promote economic inclusion for women including through system designs that recognize the value of unpaid work and women's and girls' contributions outside of paid labor markets.</li> <li>• Support the alliance of global and national financial institutions, announced at the UN Food Systems Summit 2021, to design and implement gender transformative finance mechanisms that meet the needs and priorities of women, and that support their empowerment.</li> </ul> | <p>National and sub-national organizations, development partners and UN agencies</p> <p>Government. Ministry of Finance</p> <p>Government, Ministry of Finance, Ministry of Social Affairs, Ministry of Women's Affairs</p> <p>Government, development partners and UN agencies</p> |
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# IMPACT STORY

## WOMEN AND GIRLS EMPOWERED FOR OPTIMAL NUTRITION IN NIGERIA BY 2028

In Nigeria, national partners are leading a strategy in support of women's and girls' nutrition, under the Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls, building on the country's policy priorities and opportunities. The Civil Society for Scaling Up Nutrition in Nigeria (CS-SUNN) and a range of partners are focusing on advancing women's and girls' empowerment, as the prerequisite for improved nutrition. The "Women and girls empowered for optimal nutrition in Nigeria by 2028" strategy looks to shift the needle on three distinct aspects of women's and girls' empowerment:

- More women in decision-making positions — both in the public and the private sectors — where they can adopt, shape, and influence policies and programs that improve women's and girls' nutrition.
- More women and girls having access to and utilizing public empowerment schemes such as farming and business loans, scholarships, and employment and livelihood support, which directly impact the nutrition status of the household, including of women and girls.
- Greater opportunities for girls to have quality education from primary to tertiary level, which evidence shows results in better health and nutrition outcomes for girls, families, communities, and the country.

As a short-term, country-wide policy solution, the partners have advocated for the Federal Ministry of Women Affairs and Social

Development to lead on the development of national Guideline on Women's and Girls' Empowerment for Optimal Nutrition — a request that was approved by the minister in May 2023. The guideline, intended to create a convergence of interventions across sectors and policies to address the nutritional needs of women and girls should be released in early 2024.

At state level, CS-SUNN put women's and girls' nutrition on the agenda of the first ladies — the wives of the 36 state governors — during the Women in Power Conference, an event organized by the Federal Ministry of Women Affairs and Social Development and CS-SUNN. The conference was an opportunity to create awareness on the women's and girls' nutrition challenges in the country and galvanize women in power — the first ladies, women legislators, commissioners, and business leaders — to advance women's and girls' nutrition in their states. It resulted in the adoption of a call-to-action advocating, among other things, for exclusive breastfeeding, six months paid maternity leave, and realistic and timely funding for nutrition.

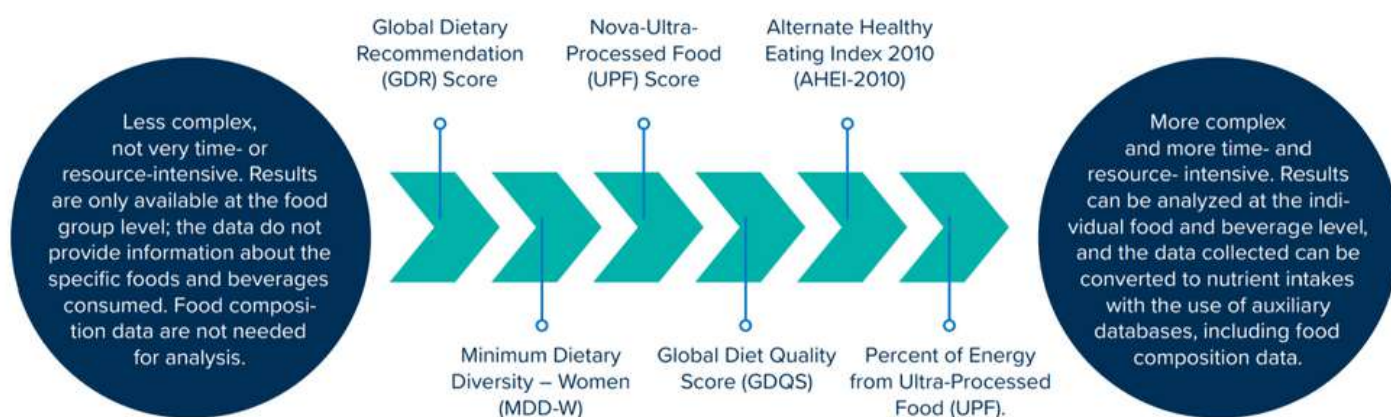
In parallel to these policy advocacy actions, the partners rolling out the Nigeria strategy are engaging the media to make the issue of women's and girls' nutrition highly visible. In a media roundtable in May 2023, they secured commitments of the media to amplify the call for women's and girls' empowerment for optimal nutrition in the country and to develop activities on special days that will promote women's and girls' nutrition in Nigeria.

# CLOSING THE RESEARCH AND DATA GAPS

Understanding what women and girls eat and why they make certain decisions and trade-offs is vital when protecting their nutrition and health. Diet quality matters more than ever because it is intrinsically linked to so many of our national and global systems — economic, health, food — and the responsible stewardship of natural resources. Broader consumer-based population-level trends, including poverty and food affordability, as well as consumption of healthy and unhealthy foods, requires routinely collected population-level data on what people are eating throughout the life course, alongside targeted data collection on nutritional outcomes, such as micronutrient deficiencies and anemia, and early nutrition.

Today, an array of diet quality metrics is available for use, yet there are important differences to consider when choosing a metric for a particular context. Key considerations include the time and resource requirements for data collection and metric tabulation, the validity of the metric for use in the given context, and the type of information and level of detail the metric provides about the diet consumed (Figure 2).<sup>162</sup>

FIGURE 2



Other data inputs are also critical. For example, poor data collection on breastfeeding in infancy in many countries limits the reliability of metrics. This is particularly concerning given that early nutrition is so important for women’s and girls’ nutrition and health through the life course. Concentrated efforts and investments are needed to implement routine, low-cost data capture at the population level.

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# HOW TO USE THE GENDER NUTRITION GAP ACTION AGENDA

The Action Agenda is a resource for advocates and policymakers seeking to advance women's and girls' equal rights through optimal nutrition. The Action Agenda outlines how good nutrition empowers women and girls of all ages while highlighting the importance of optimal maternal nutrition, particularly in the precious 1,000-day window between pregnancy and when a child reaches two years of age. Recommended actions can be leveraged at all policy levels and adapted across global, regional, and country contexts.

The Action Agenda recognizes the unique synergies that exist across the nutrition, gender, and MNCH sectors. It establishes a common policy agenda to unite advocates across sectors to take collection action that will accelerate progress toward shared goals across the nutrition, MNCH and gender

equality communities — namely saving lives, improving birth outcomes and overall health, increasing human capital and economic productivity, and building personal and collective resilience.

For advocates, the Action Agenda provides a blueprint for policy recommendations, evidence-based justifications, and messaging to support the advancement of women's and girls' nutrition. Advocates who would like to see change for women's and girls' nutrition at the national or regional level can use the Action Agenda to form coalitions to shape and define country- or region-specific national advocacy strategies that are tailored to local context, needs, and opportunities. They can also use the Action Agenda as an advocacy tool and vehicle to advance specific priorities with policymakers and decision-makers.



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Additionally, advocates could use the Action Agenda to take stock of national and regional actions for women's and girls' nutrition by reviewing what actions have or have not been adopted in their geography. These resources can be leveraged by advocates to input into new or existing advocacy agendas or through the Gender Nutrition Gap campaign that was developed to promote the Action Agenda as a solution to the problems causing malnutrition and gender inequities for women and girls. We need a global movement for change, and, as such, the campaign will continue to adapt and grow in support, providing advocates with a way to uplift and incorporate recommendations into existing advocacy resources and messaging.

For policymakers, the recommendations outlined in the Action Agenda can be translated into policies to support women's and girls' nutrition and adapted to fit the unique

policy needs of a community. Policymakers who seek to advance women's and girls' nutrition and gender equality can use the Action Agenda as a resource to guide decisions on the recommended actions to uptake. Optimal nutrition is critical to making concrete, cost-effective, and long-lasting improvements to the status of women and girls around the world.

For decision-makers, such as donors, program managers, or leaders in the health sector, the Action Agenda provides a resource to strategically inform their work to accelerate improvements in women's and girls' nutrition. This could include grantmaking, decisions on resource allocation within wider budgets, program design, and more. The Action Agenda can guide them to be a leader in ensuring that the nutrition of women and girls of all ages is no longer overlooked.



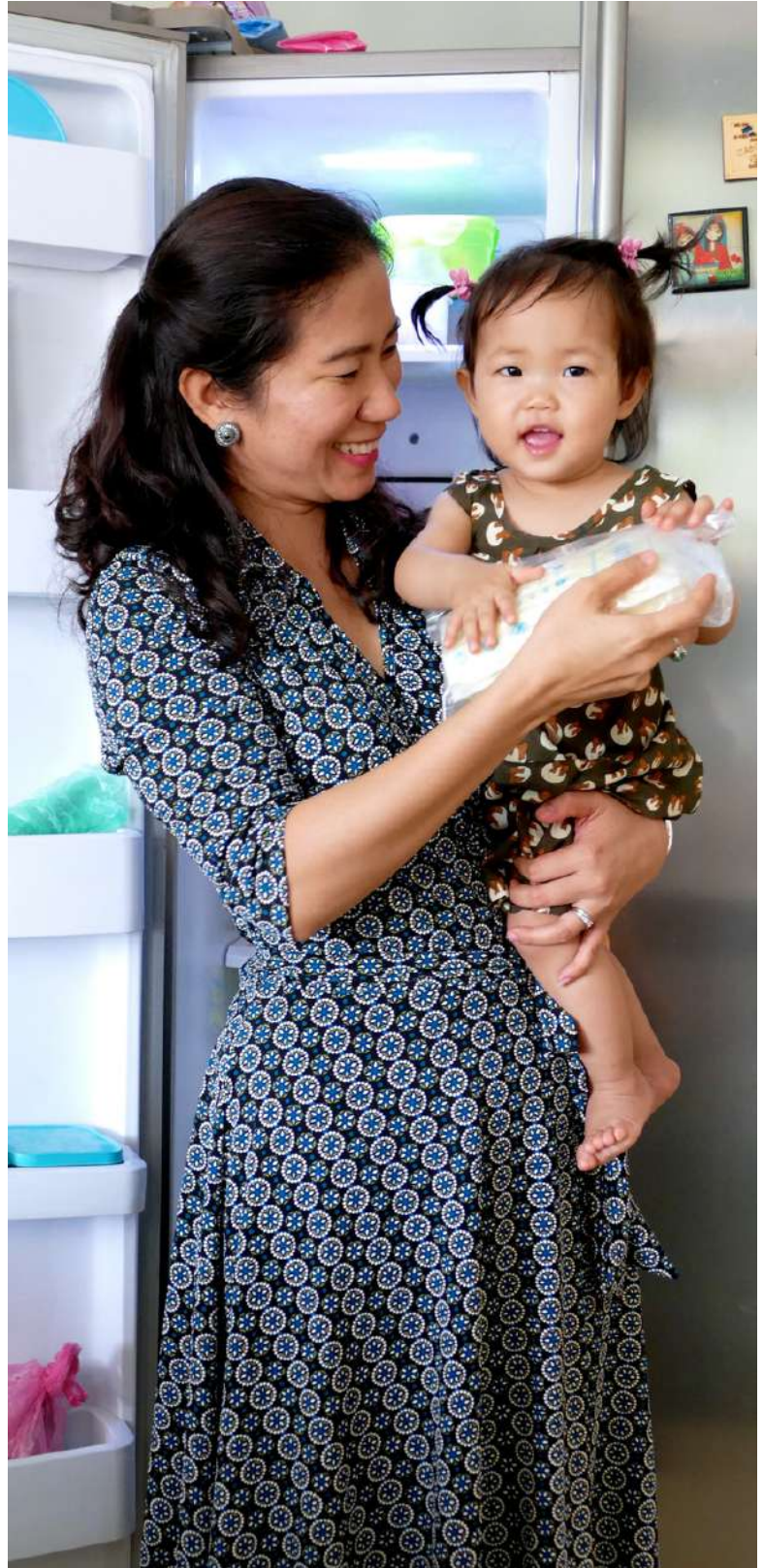
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# CLOSING THE GENDER NUTRITION GAP: LOOKING AHEAD

Closing the Gender Nutrition Gap requires urgent change to the global systems generating unfair outcomes for women and girls. The interdependent gender and nutrition goals are still a long way from being realized. In 2023, the injustice of the Gender Nutrition Gap is robbing women and girls of their health, economic stability, professional aspirations, and social freedoms. It is both simple and complex, devastating and fixable.

We live in an era in which we normalize the damaging consequences of malnutrition for women and girls — the resulting depression, exhaustion, reduced health and cognition, and unacceptably greater risk of death. We can and must close the Gender Nutrition Gap and, in turn, end malnutrition and achieve gender equality for women and girls of all ages.

Through the Action Agenda, nutrition, gender, and MNCH communities are joining forces to address systemic barriers working against women and girls of all ages. There is great strength in this alliance, built on shared goals of advancing gender equality and centered on a practical framework for policy, program, and behavior change. The action framework equips advocates, policymakers, and decision-makers with evidence to make the case for women's and girls' nutrition and recommended actions for uptake to accelerate improvements.





So long as gender gaps prevail across domains such as pay, pension, pain, health, and nutrition, we will not achieve the U.N. Sustainable Development Goals, nor will women and girls experience their birthright to many freedoms. Ultimately, ignoring the Gender Nutrition Gap impacts everybody, not just today, but for generations to come. Looking to 2030 and beyond, the greatest opportunities lie in aligning the goals of the MNCH, feminist, and nutrition communities. Political expediency for the actions outlined in this agenda undercuts and accelerates tireless efforts to save lives, equalize all rights and freedoms for women and girls, ensure healthy starts in life for all babies, improve the quality and continuum of health and social protection care, and pivot our food systems toward health for people and planet.

Today, we are equipped with evidence, a strong alliance, and a co-curated framework for action to advance women's and girls' nutrition. Over the coming years, metrics and indicators to measure

progress on the Gender Nutrition Gap beyond anemia rates are urgently needed. This agenda provides a framework in recognition that a new wave of attention and discovery is needed to measure healthy and nutritious diets, access to essential services, and micronutrient status, alongside the incorporation of sex-disaggregated metrics into labor and economic policies.

With adequate funding, decisive leadership, gender-transformative policies, male support, and deliberate behavior changes, we can close the Gender Nutrition Gap. Together, ending the sexist and intergenerational consequences of malnutrition will change women's and girls' lives, and create more prosperous and equitable societies for all.

A world without the Gender Nutrition Gap is a world with greater nourishment, resilience, and freedoms for everyone.

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# ANNEX

## WOMEN'S NUTRITION: A SHARED DEFINITION AND CASE FOR FURTHER ACTION

### Gender Nutrition Gap Definition

The Gender Nutrition Gap is the way in which women's and girls' unique biological needs, disparities in access to food and services, and harmful social norms have a bearing on their health and economic outcomes.

### Summary Definition

Girls' and women's nutrition refers to meeting daily macro- and micronutrient requirements from a healthy diet that builds immunity and protects against disease and all forms of malnutrition. Supported by the availability of and access to nutritious foods and health services, gender equality and increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition affects their ability to flourish across all stages of life, making it foundational for their health, development, and prosperity, and for thriving communities.<sup>163, 164, 165, 166</sup>

### Full Definition

**A girl or woman has an innate right to good nutrition**, regardless of all else. Girls' and women's nutrition refers to meeting daily macro- and micronutrient requirements from a healthy diet that builds immunity and protects against disease and all forms of malnutrition. Supported by the availability of and access to affordable nutritious foods and health services, gender equality, increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition impacts her overall health, cognition, well-being, and flourishing across all stages of life.

**Essential components of girls' and women's nutrition fall across the lifecycle**, or successive stages in life, including infant and young child feeding; early years, child, and adolescent girl nutrition; the nutrition of women of reproductive age; maternal nutrition; and the nutrition of women of menopausal age and older. Interventions across all components deserve equal coverage. At the same time, maternal nutrition has a compounding effect on nutrition outcomes throughout a child's life and on lifelong resistance to noncommunicable disease and is therefore a critical component within this broader lens.<sup>167, 168</sup>

Interventions must be designed to respond to the changing nutritional needs of girls' and women across their lifecycle, which differ from boys and men. **Given that a girl or woman's nutrition spans successive stages of life, it is also intergenerational in nature.** This means that it begins before birth when her mother's nutrition starts to determine her future health and development. Nutrition during the first 1,000 days, from conception to age 2, significantly determines a child's health and development for life.<sup>169</sup> The intergenerational nature of girls' and women's nutrition requires policies and interventions that can be implemented through national systems, and which correspond to causal pathways.



**Girls' and women's nutritional status is impacted through several determinants**, which include, and are not limited to: their ability to earn and control income; gender equality and social and familial circumstances and norms, particularly relating to marriage and pregnancy; their own beliefs and confidence; access to, availability of, and affordability of healthy foods; autonomy to make decisions regarding their food choices and health; access to quality education; and poverty associated with poor living and working conditions, and vulnerability to disease, including poor quality water, sanitation, and hygiene.

**The realization of a girl or woman's innate right to good nutrition** is affected by interdependent socioeconomic factors that are driven by national systems, social norms, climate, the COVID-19 pandemic, and international funding priorities, among other influences. Girls and women are at increased physiological risk of poor nutritional status when these influences affect their access to quality health care, education, and household resources and when access to other services and information is limited. Ensuring optimal nutrition for all girls and women **therefore requires collaboration and alignment across sectors**, including, though not limited to, health, gender equality, social protection, education, food systems, private sectors, and humanitarian response.

**Good nutrition, health, development, gender equity, and education outcomes are mutually reinforcing**; optimal nutrition supports girls and women to realize equal health, education, and earning outcomes.<sup>170</sup> Good nutrition for girls and women is foundational for the health, development, prosperity, and thriving of all communities.<sup>171</sup> Maternal nutrition interventions have been linked to significant increases in GDP, while micronutrient interventions have been shown to have a rate of return of up to 1:16.<sup>172,173</sup>

# REFERENCES

- [1] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [2] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [3] Hunter, P. J., Awoyemi, T., Ayede, A. I., Chico, R. M., David, A. L., Dewey, K. G., Duggan, C. P., Gravett, M., Prendergast, A. J., Ramakrishnan, U., Ashorn, P., Klein, N., Ashorn, P., Black, R. E., Lawn, J. E., Ashorn, U., Klein, N., Hofmeyr, G. J., Temmerman, M., & Askari, S. (2023). Biological and pathological mechanisms leading to the birth of a small vulnerable newborn. *The Lancet*, 401(10389), 1720–1732. [https://doi.org/10.1016/S0140-6736\(23\)00573-1](https://doi.org/10.1016/S0140-6736(23)00573-1)
- [4] Ashorn, P., Ashorn, U., Muthiani, Y., Aboubaker, S., Askari, S., Bahl, R., Black, R. E., Dalmiya, N., Duggan, C. P., Hofmeyr, G. J., Kennedy, S. H., Klein, N., Lawn, J. E., Shiffman, J., Simon, J., Temmerman, M., Okwaraji, Y., Krasevec, J., Bradley, E., ... Hayashi, C. (2023). Small vulnerable newborns—Big potential for impact. *The Lancet*, 401(10389), 1692–1706. [https://doi.org/10.1016/S0140-6736\(23\)00354-9](https://doi.org/10.1016/S0140-6736(23)00354-9)
- [5] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [6] MAMI Global Network. (2022). *MAMI Communications Guide*. <https://www.enonline.net/mami/communicationsguide>
- [7] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [8] Osendarp, S., Akuoku, J. K., Black, R. E., Headey, D., Ruel, M., Scott, N., Shekar, M., Walker, N., Flory, A., Haddad, L., Laborde, D., Stegmuller, A., Thomas, M., & Heidkamp, R. (2021). The COVID-19 crisis will exacerbate maternal and child undernutrition and child mortality in low- and middle-income countries. *Nature Food*, 2(7), Article 7. <https://doi.org/10.1038/s43016-021-00319-4>
- [9] Food Security and Gender Equality. (2022, August 18). CARE International. <https://www.care-international.org/resources/food-security-and-gender-equality>
- [10] CARE. (2020). *Left Out and Left Behind: COVID19, Hunger, and Gender Inequality*. <https://www.care-international.org/news/left-out-and-left-behind-covid19-hunger-and-gender-inequality>
- [11] Komiariak, M. A., & Rajan, P. (2016). Nutrition Recommendations in Pregnancy and Lactation. *The Medical Clinics of North America*, 100(6), 1199–1215. <https://doi.org/10.1016/j.mcna.2016.06.004>
- [12] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., Uauy, R., & Maternal and Child Nutrition Study Group. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* (London, England), 382(9890), 427–451. [https://doi.org/10.1016/S0140-6736\(13\)60937-X](https://doi.org/10.1016/S0140-6736(13)60937-X)
- [13] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [14] An Agenda for Action to Close the Gap on Women's and Girls' Nutrition. (2017, November). <https://thousanddays.org/resource/an-action-agenda-on-women-and-girls-nutrition/>
- [15] Davies, S. E., Harman, S., Manjoo, R., Tanyag, M., & Wenham, C. (2019). Why it must be a feminist global health agenda. *The Lancet*, 393(10171), 601–603. [https://doi.org/10.1016/S0140-6736\(18\)32472-3](https://doi.org/10.1016/S0140-6736(18)32472-3)
- [16] O'Leary, M., Ameer, A. B., Anderson, S., Holte-McKenzie, M., Papastavrou, S., Tse, C., Riddle, A., Pentlow, S., Schofield, D., Nemouthe, G., & Ahmed, H. A. (2020). *A gender-transformative framework for nutrition*. World Vision Canada. [https://www.gendernutritionframework.org/\\_files/ugd/c632d7\\_a7d415dcfd8b483288c8de14fa3d4744.pdf](https://www.gendernutritionframework.org/_files/ugd/c632d7_a7d415dcfd8b483288c8de14fa3d4744.pdf)
- [17] Global Health 50/50, International Food Policy Research Institute, & UN Women. (2022). *Global Food 50/50: Hungry for gender equality*. *Global Health 50/50*. <https://doi.org/10.56649/WIQE2012>
- [18] International Labour Convention dating back to 1919 and its subsequent recommendations and extending the full range of employment protections to the informal sector where women and girls are overrepresented.
- [19] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [20] The definition was developed through a consultative process with Results for Development (R4D), Micronutrient Forum and GMMB using the Shiffman framework as a tool to assess key factors, including internal and external framing, that lead to issue salience and prioritization in global health.
- [21] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., Uauy, R., & Maternal and Child Nutrition Study Group. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* (London, England), 382(9890), 427–451. [https://doi.org/10.1016/S0140-6736\(13\)60937-X](https://doi.org/10.1016/S0140-6736(13)60937-X)
- [22] Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Sachdev, H. S. (2008). Maternal and child undernutrition: Consequences for adult health and human capital. *The Lancet*, 371(9609), 340–357. [https://doi.org/10.1016/S0140-6736\(07\)61692-4](https://doi.org/10.1016/S0140-6736(07)61692-4)
- [23] Stevens, G. A., Beal, T., Mbuya, M. N. N., Luo, H., Neufeld, L. M., & Global Micronutrient Deficiencies Research Group. (2022). Micronutrient deficiencies among preschool-aged children and women of reproductive age worldwide: A pooled analysis of individual-level data from population-representative surveys. *The Lancet. Global Health*, 10(11), e1590–e1599. [https://doi.org/10.1016/S2214-109X\(22\)00367-9](https://doi.org/10.1016/S2214-109X(22)00367-9)
- [24] Development Initiatives. (2021). *2021 Global Nutrition Report: The state of global nutrition*. <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- [25] United Nations Children's Fund. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. United Nations. <https://doi.org/10.18356/9789213626764>
- [26] World Health Organization. (n.d.). *Anaemia*. Retrieved June 18, 2023, from <https://www.who.int/news-room/fact-sheets/detail/anaemia>
- [27] Daru, J., Zamora, J., Fernández-Félix, B. M., Vogel, J., Oladapo, O. T., Morisaki, N., Tunçalp, Ö., Torloni, M. R., Mittal, S., Jayaratne, K., Lumbiganon, P., Togoobaatar, G., Thangaratnam, S., & Khan, K. S. (2018). Risk of maternal mortality in women with severe anaemia during pregnancy and post partum: A multilevel analysis. *The Lancet Global Health*, 6(5), e548–e554. [https://doi.org/10.1016/S2214-109X\(18\)30078-0](https://doi.org/10.1016/S2214-109X(18)30078-0)
- [28] Rahman, M. M., Abe, S. K., Rahman, M. S., Kanda, M., Narita, S., Bilano, V., Ota, E., Gilmour, S., & Shibuya, K. (2016). Maternal anemia and risk of adverse birth and health outcomes in low- and middle-income countries: Systematic review and meta-analysis12. *The American Journal of Clinical Nutrition*, 103(2), 495–504. <https://doi.org/10.3945/ajcn.115.107896>
- [29] Stevens, G. A., Paciorek, C. J., Flores-Urrutia, M. C., Borghi, E., Namaste, S., Wirth, J. P., Suchdev, P. S., Ezzati, M., Rohner, F., Flaxman, S. R., & Rogers, L. M. (2022). National, regional, and global estimates of anaemia by severity in women and children for 2000–19: A pooled analysis of population-representative data. *The Lancet Global Health*, 10(5), e627–e639. [https://doi.org/10.1016/S2214-109X\(22\)00084-5](https://doi.org/10.1016/S2214-109X(22)00084-5)
- [30] World Health Organization. (2021). *Obesity and overweight*. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

- [31] World Health Organization. (2021). Obesity and overweight. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
- [32] Development Initiatives. (2021). 2021 Global Nutrition Report: The state of global nutrition. <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- [33] Wells, J. C., Sawaya, A. L., Wibaek, R., Mwangome, M., Poullas, M. S., Yajnik, C. S., & Demayo, A. (2020). The double burden of malnutrition: Aetiological pathways and consequences for health. *The Lancet*, 395(10217), 75–88. [https://doi.org/10.1016/S0140-6736\(19\)32472-9](https://doi.org/10.1016/S0140-6736(19)32472-9)
- [34] Guthold, R., Stevens, G. A., Riley, L. M., & Bull, F. C. (2018). Worldwide trends in insufficient physical activity from 2001 to 2016: A pooled analysis of 358 population-based surveys with 1.9 million participants. *The Lancet Global Health*, 6(10), e1077e1086. [https://doi.org/10.1016/S2214-109X\(18\)30357-7](https://doi.org/10.1016/S2214-109X(18)30357-7)
- [35] Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krusevec, J., Murch, S., Sankar, M. J., Walker, N., & Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
- [36] Development Initiatives. (2021). 2021 Global Nutrition Report: The state of global nutrition. <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- [37] Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krusevec, J., Murch, S., Sankar, M. J., Walker, N., & Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
- [38] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [39] CARE. (2020). Left Out and Left Behind: COVID19, Hunger, and Gender Inequality. <https://www.care-international.org/news/left-out-and-left-behind-covid19-hunger-and-gender-inequality>
- [40] Hendriks, S., Ruiz, A. de G., Acosta, M. H., Baumers, H., Galgani, P., Mason-D'Croz, D., Godde, C., Waha, K., & Kanidou, D. (2021). The True Cost and True Price of Food. United Nations Food Systems Summit 2021 Scientific Group. [https://sc-fss2021.org/wp-content/uploads/2021/06/UNFSS\\_true\\_cost\\_of\\_food.pdf](https://sc-fss2021.org/wp-content/uploads/2021/06/UNFSS_true_cost_of_food.pdf)
- [41] Copenhagen Consensus 2012. (2012). Third Copenhagen Consensus Outcome Document. [https://copenhagenconsensus.com/sites/default/files/imported/outcome\\_document\\_updated\\_1105.pdf](https://copenhagenconsensus.com/sites/default/files/imported/outcome_document_updated_1105.pdf)
- [42] Shekar, M., Kakietek, J., Eberwein, J. D., D'Alimonte, M., Walters, D., & Mehta, M. (2017). Catalyzing Progress Toward the Global Nutrition Targets: Three Potential Financing Packages. World Bank Group.
- [43] Shekar, M., Kakietek, J., Dayton Eberwein, J., & Walters, D. (2016). An Investment Framework for Nutrition. World Bank. <https://doi.org/10.1596/25292>
- [44] Horton, S. E., Brooks, J. K., Mahal, A. S., McDonald, C., & Shekar, M. (2009). Scaling up nutrition: What will it cost (English) [Text/HTML]. World Bank Group. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail>
- [45] Hodinott, J., Maluccio, J., Behrman, J. R., Martorell, R., Melgar, P., Quisumbing, A. R., Ramirez-Zea, M., Stein, A. D., & Yount, K. M. (2011). The Consequences of Early Childhood Growth Failure over the Life Course. International Food Policy Research Institute.
- [46] Schmied, V., De Oliveira, J. D., Fleming, C., Hockey, K., Lala, G., Theakstone, G., & Third, A. (2020). Feeding My Child: How Mothers Experience Nutrition Across the World. A Companion Report to The State of the World's Children 2019. Western Sydney University & UNICEF. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:58027>
- [47] UNICEF. (2021). UNICEF Conceptual Framework on Maternal and Child Nutrition. <https://www.unicef.org/documents/conceptual-framework-nutrition>
- [48] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [49] World Benchmarking Alliance. (2022). 2021 Food and Agriculture Benchmark Insights Report. <https://assets.worldbenchmarkingalliance.org/app/uploads/2022/03/2021-Food-and-Agriculture-Benchmark-Insights-Report.pdf>
- [50] UNICEF. (2021). UNICEF Conceptual Framework on Maternal and Child Nutrition. <https://www.unicef.org/documents/conceptual-framework-nutrition>
- [51] FAO. (2021). The State of Food and Agriculture 2021: Making agrifood systems more resilient to shocks and stresses. FAO. <https://doi.org/10.4060/cb4476en>
- [52] Herforth, A., Bai, Y., Mahrt, K., Ebel, A., & Masters, W. A. (2020). Cost and affordability of healthy diets across and within countries. FAO. <https://doi.org/10.4060/cb2431en>
- [53] Herforth, A., Bai, Y., Mahrt, K., Ebel, A., & Masters, W. A. (2020). Cost and affordability of healthy diets across and within countries. FAO. <https://doi.org/10.4060/cb2431en>
- [54] Herforth, A., Bai, Y., Mahrt, K., Ebel, A., & Masters, W. A. (2020). Cost and affordability of healthy diets across and within countries. FAO. <https://doi.org/10.4060/cb2431en>
- [55] Bose, I., Baldi, G., Kiess, L., & de Pee, S. (2019). The "Fill the Nutrient Gap" analysis: An approach to strengthen nutrition situation analysis and decision making towards multisectoral policies and systems change. *Maternal & Child Nutrition*, 15(3), e12793. <https://doi.org/10.1111/mcn.12793>
- [56] Schmied, V., De Oliveira, J. D., Fleming, C., Hockey, K., Lala, G., Theakstone, G., & Third, A. (2020). Feeding My Child: How Mothers Experience Nutrition Across the World. A Companion Report to The State of the World's Children 2019. Western Sydney University & UNICEF. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:58027>
- [57] Elver, H., Secretary-General, U., & Food, U. H. R. C. S. R. on the R. to. (2016). Right to food: Note / by the Secretary-General. <https://digitallibrary.un.org/record/840487>
- [58] Vandevijvere, S., Jaacks, L. M., Monteiro, C. A., Moubarac, J.-C., Girling-Butcher, M., Lee, A. C., Pan, A., Bentham, J., & Swinburn, B. (2019). Global trends in ultraprocessed food and drink product sales and their association with adult body mass index trajectories. *Obesity Reviews*, 20(S2), 10–19. <https://doi.org/10.1111/obr.12860>
- [59] Baker, P., Machado, P., Santos, T., Sievert, K., Backholer, K., Hadjidakou, M., Russell, C., Huse, O., Bell, C., Scrinis, G., Worsley, A., Friel, S., & Lawrence, M. (2020). Ultra-processed foods and the nutrition transition: Global, regional and national trends, food systems transformations and political economy drivers. *Obesity Reviews*, 21(12), e13126. <https://doi.org/10.1111/obr.13126>
- [60] Baraldi, L. G., Martinez Steele, E., Canella, D. S., & Monteiro, C. A. (2018). Consumption of ultra-processed foods and associated sociodemographic factors in the USA between 2007 and 2012: Evidence from a nationally representative cross-sectional study. *BMJ Open*, 8(3), e020574. <https://doi.org/10.1136/bmjopen-2017-020574>
- [61] Rauber, F., Steele, E. M., Louzada, M. L. da C., Millett, C., Monteiro, C. A., & Levy, R. B. (2020). Ultra-processed food consumption and indicators of obesity in the United Kingdom population (2008–2016). *PLoS ONE*, 15(5), e0232676. <https://doi.org/10.1371/journal.pone.0232676>
- [62] Polsky, J. Y., Moubarac, J.-C., & Garriguet, D. (2020). Consumption of ultra-processed foods in Canada. *Health Reports*, 31(11), 3–15. <https://doi.org/10.25318/82-003-x202001100001-eng>
- [63] Machado, P. P., Steele, E. M., Levy, R. B., da Costa Louzada, M. L., Rangan, A., Woods, J., Gill, T., Scrinis, G., & Monteiro, C. A. (2020). Ultra-processed food consumption and obesity in the Australian adult population. *Nutrition & Diabetes*, 10, 39. <https://doi.org/10.1038/s41387-020-00141-0>
- [64] Global Food Research Program. (2021). Ultra-processed foods: A global threat to public health. University of North Carolina at Chapel Hill. [https://www.globalfoodresearchprogram.org/wp-content/uploads/2021/04/UPF\\_ultra-processed\\_food\\_fact\\_sheet.pdf](https://www.globalfoodresearchprogram.org/wp-content/uploads/2021/04/UPF_ultra-processed_food_fact_sheet.pdf)
- [65] Mendez, M. A., & Popkin, B. M. (Eds.). (2004). Globalization, Urbanization and Nutritional Change in the Developing World. *EJADE: Electronic Journal of Agricultural and Development Economics*. <https://doi.org/10.22004/ag.econ.12001>

- [66] Rollins, N., Piwoz, E., Baker, P., Kingston, G., Mabaso, K. M., McCoy, D., Neves, P. A. R., Pérez-Escamilla, R., Richter, L., Russ, K., Sen, G., Tomori, C., Victora, C. G., Zambrano, P., & Hastings, G. (2023). Marketing of commercial milk formula: A system to capture parents, communities, science, and policy. *The Lancet*, 401(10375), 486–502. [https://doi.org/10.1016/S0140-6736\(22\)01931-6](https://doi.org/10.1016/S0140-6736(22)01931-6)
- [67] World Health Organization. (1981). International Code of Marketing of Breast-Milk Substitutes. <https://www.who.int/publications-detail-redirect/9241541601>
- [68] Dickson-Spillmann, M., & Siegrist, M. (2011). Consumers' knowledge of healthy diets and its correlation with dietary behaviour. *Journal of Human Nutrition and Dietetics: The Official Journal of the British Dietetic Association*, 24(1), 5460. <https://doi.org/10.1111/j.1365-277X.2010.01124.x>
- [69] Vaitkeviciute, R., Ball, L. E., & Harris, N. (2015). The relationship between food literacy and dietary intake in adolescents: A systematic review. *Public Health Nutrition*, 18(4), 649658. <https://doi.org/10.1017/S1368980014000962>
- [70] Oot, L., Mason, F., & Lapping, K. (n.d.). The First-Food System: The Importance of Breastfeeding in Global Food Systems Discussions. [https://www.aliveandthrive.org/sites/default/files/breastfeeding\\_and\\_food\\_systems\\_brief.pdf](https://www.aliveandthrive.org/sites/default/files/breastfeeding_and_food_systems_brief.pdf)
- [71] UNICEF, & World Health Organization. (2022). Global breastfeeding scorecard 2022: Protecting breastfeeding through further investments and policy actions. <https://www.who.int/publications-detail-redirect/WHO-HEP-NFS-22.6>
- [72] Dong, Nguyen Thi (2014) Transitions in Hanoi's Economic Structure: Current Situation and Solutions, Department of Science and Technology, <http://dost.hanoi.gov.vn/Tranghi%E1%BB%83nth%E1%BB%8B/Trangch%E1%BB%A7/Tinchiti%E1%BA%BFt/abid/171/MenuID/0/cateID/64/id/1690/language/vi-VN/Default.aspx> (last checked by the authors 15 January 2014)
- [73] World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. <https://www.who.int/publications-detail-redirect/9789241549912>
- [74] Frongillo, E. A., Nguyen, P. H., Sanghvi, T., Mahmud, Z., Aktar, B., Alayon, S., & Menon, P. (2019). Nutrition Interventions Integrated into an Existing Maternal, Neonatal, and Child Health Program Reduce Food Insecurity Among Recently Delivered and Pregnant Women in Bangladesh. *The Journal of Nutrition*, 149(1), 159–166. <https://doi.org/10.1093/jn/nxy249>
- [75] Nguyen, P. H., Kim, S. S., Sanghvi, T., Mahmud, Z., Tran, L. M., Shabnam, S., Aktar, B., Haque, R., Afsana, K., Frongillo, E. A., Ruel, M. T., & Menon, P. (2017). Integrating Nutrition Interventions into an Existing Maternal, Neonatal, and Child Health Program Increased Maternal Dietary Diversity, Micronutrient Intake, and Exclusive Breastfeeding Practices in Bangladesh: Results of a Cluster-Randomized Program Evaluation. *The Journal of Nutrition*, 147(12), 2326–2337. <https://doi.org/10.3945/jn.117.257303>
- [76] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [77] Chou, V. B., Walker, N., & Kanyagarara, M. (2019). Estimating the global impact of poor quality of care on maternal and neonatal outcomes in 81 low- and middle-income countries: A modeling study. *PLoS Medicine*, 16(12), e1002990. <https://doi.org/10.1371/journal.pmed.1002990>
- [78] Shekar, M., Kakietek, J., Dayton Eberwein, J., & Walters, D. (2016). An Investment Framework for Nutrition. World Bank. <https://doi.org/10.1596/25292>
- [79] International Labour Office. (2018). Care work and care jobs for the future of decent work [Report]. International Labour Organization. [http://www.ilo.org/global/publications/books/WCMS\\_633135/lang--en/index.htm](http://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm)
- [80] Elson, D. (2017). Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap. *New Labor Forum*, 26, 109579601770013. <https://doi.org/10.1177/1095796017700135>
- [81] Gribble, K. D., Smith, J. P., Gammeltoft, T., Ulep, V., Van Esterik, P., Craig, L., Pereira-Kotze, C., Chopra, D., Siregar, A., Hajizadeh, M., & Mathisen, R. (Manuscript submitted for publication). Breastfeeding and infant care as "sexed" care work: Reconsideration of the Three Rs to enable women's rights, economic empowerment, nutrition and health
- [82] CARE. (2020). Left Out and Left Behind: COVID19, Hunger, and Gender Inequality. <https://www.care-international.org/news/left-out-and-left-behind-covid19-hunger-and-gender-inequality>
- [83] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [84] Sanghvi, T., Nguyen, P. H., Ghosh, S., Zafimanjaka, M., Walissa, T., Karama, R., Mahmud, Z., Tharane, M., Escobar-Alegria, J., Dhuse, E. L., & Kim, S. S. (2022). Process of developing models of maternal nutrition interventions integrated into antenatal care services in Bangladesh, Burkina Faso, Ethiopia and India. *Maternal & Child Nutrition*, 18(4), e13379. <https://doi.org/10.1111/mcn.13379>
- [85] World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. <https://www.who.int/publications-detail-redirect/9789241549912>
- [86] World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. <https://www.who.int/publications-detail-redirect/9789241549912>
- [87] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [88] Feskens, E. J. M., Bailey, R., Bhutta, Z., Biesalski, H.-K., Eicher-Miller, H., Krämer, K., Pan, W.-H., & Griffiths, J. C. (2022). Women's health: Optimal nutrition throughout the lifecycle. *European Journal of Nutrition*, 61(Suppl 1), 123. <https://doi.org/10.1007/s00394-022-02915-x>
- [89] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations. <https://doi.org/10.18356/9789213626764>
- [90] UNICEF. (2019). Nutritional care of pregnant women in South Asia: Policy environment and programme action. UNICEF Regional Office for South Asia. [https://www.unicef.org/rosa/media/7836/file/Nutritional%20care%20of%20pregnant%20women%20in%20S.Asia\\_Policy%20environment%20and%20programme%20action\\_Final.pdf.pdf](https://www.unicef.org/rosa/media/7836/file/Nutritional%20care%20of%20pregnant%20women%20in%20S.Asia_Policy%20environment%20and%20programme%20action_Final.pdf.pdf)
- [91] UNICEF. (2021). UNICEF Technical Brief. Counselling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale. UNICEF. <https://www.unicef.org/media/114566/file/Maternal%20Nutrition%20Counselling%20Brief.pdf>
- [92] James, P. T., Wrottesley, S. V., Lelijveld, N., Brennan, E., Fenn, B., & Mates, R. M. and E. (2022). Women's nutrition: A summary of evidence, policy and practice including adolescent and maternal life stages. Emergency Nutrition Network. <https://www.enonline.net/www.enonline.net/womensnutritionsummarytechnicalbriefingpaper>
- [93] World Health Organization. (2019). Nutrition in universal health coverage. <https://www.who.int/publications-detail-redirect/WHO-NMH-NHD-19.24>
- [94] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., Uauy, R., & Maternal and Child Nutrition Study Group. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet (London, England)*, 382(9890), 427451. [https://doi.org/10.1016/S0140-6736\(13\)60937-X](https://doi.org/10.1016/S0140-6736(13)60937-X)
- [95] Shekar, M., Kakietek, J., Dayton Eberwein, J., & Walters, D. (2016). An Investment Framework for Nutrition. World Bank. <https://doi.org/10.1596/25292>
- [96] Bhutta, Z. A., Ahmed, T., Black, R. E., Cousens, S., Dewey, K., Giugliani, E., Haider, B. A., Kirkwood, B., Morris, S. S., Sachdev, H. P. S., & Shekar, M. (2008). What works? Interventions for maternal and child undernutrition and survival. *The Lancet*, 371(9610), 417440. [https://doi.org/10.1016/S0140-6736\(07\)61693-6](https://doi.org/10.1016/S0140-6736(07)61693-6)
- [97] Sinha, B., Chowdhury, R., Sankar, M. J., Martines, J., Taneja, S., Mazumder, S., Rollins, N., Bahl, R., & Bhandari, N. (2015). Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis. *Acta Paediatrica*, 104(S467), 114134. <https://doi.org/10.1111/apa.13127>

- [98] Mohamed Assabri, A., Cooper, C. M., Al-Gendari, K. A., Pfitzer, A., & Galloway, R. (2019). The power of counseling: Changing maternal, infant, and young child nutrition and family planning practices in Dhamar, Yemen (pp. 847869). *Maternal and Child Health Integrated Program and The Maternal and Child Survival Program*.  
<https://www.tandfonline.com/doi/full/10.1080/07399332.2018.1533016>
- [99] Development Initiatives. (2021). 2021 Global Nutrition Report: The state of global nutrition. <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- [100] Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., & Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
- [101] UNICEF. (2020). Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance. UNICEF.  
<https://www.unicef.org/media/93981/file/Complementary-Feeding-Guidance-2020.pdf>
- [102] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations.  
<https://doi.org/10.18356/9789213626764>
- [103] International Labour Office. (2018). Care work and care jobs for the future of decent work [Report]. International Labour Organization.  
[https://www.ilo.org/global/publications/books/WCMS\\_633135/lang--en/index.htm](https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm)
- [104] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations.  
<https://doi.org/10.18356/9789213626764>
- [105] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations.  
<https://doi.org/10.18356/9789213626764>
- [106] United Nations Children's Fund. (2023). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women. United Nations.  
<https://doi.org/10.18356/9789213626764>
- [107] Hougbe, F., Tonguet-Papucci, A., Nago, E., Gauny, J., Ait-Aïssa, M., Huneau, J.-F., Kolsteren, P., & Huybregts, L. (2019). Effects of multiannual, seasonal unconditional cash transfers on food security and dietary diversity in rural Burkina Faso: The Moderate Acute Malnutrition Out (MAM'Out) cluster-randomized controlled trial. *Public Health Nutrition*, 22(6), 1089–1099. <https://doi.org/10.1017/S1368980018003452>
- [108] Leroy, J. L., K Olney, D., Bliznashka, L., & Ruel, M. (2020). Tubaramure, a Food-Assisted Maternal and Child Health and Nutrition Program in Burundi, Increased Household Food Security and Energy and Micronutrient Consumption, and Maternal and Child Dietary Diversity: A Cluster-Randomized Controlled Trial. *The Journal of Nutrition*, 150(4), 945–957.  
<https://doi.org/10.1093/jn/nxz295>
- [109] Harris-Fry, H. A., Paudel, P., Harrison, T., Shrestha, N., Jha, S., Beard, B. J., Copas, A., Shrestha, B. P., Manandhar, D. S., Costello, A. M. de L., Cortina-Borja, M., & Saville, N. M. (2018). Participatory Women's Groups with Cash Transfers Can Increase Dietary Diversity and Micronutrient Adequacy during Pregnancy, whereas Women's Groups with Food Transfers Can Increase Equity in Intra-household Energy Allocation. *The Journal of Nutrition*, 148(9), 1472–1483. <https://doi.org/10.1093/jn/nxy109>
- [110] CARE. (2020). Gender Equality and Women's Empowerment in the context of Food Security and Nutrition.  
[https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE\\_Scoping\\_Paper-FINAL040ct.pdf](https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE_Scoping_Paper-FINAL040ct.pdf)
- [111] FAO. (2022). The State of Food and Agriculture 2022: Leveraging agricultural automation for transforming agrifood systems. FAO. <https://doi.org/10.4060/cb9479en>
- [112] UN Women. (2020). COVID-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery. Policy Brief No. 16. UN Women.  
<https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-the-care-economy>
- [113] Brown, C., Ravallion, M., & van de Walle, D. (2018). Most of Africa's Nutritionally Deprived Women and Children Are Not Found in Poor Households. *The Review of Economics and Statistics*, 101. [https://doi.org/10.1162/rest\\_a\\_00800](https://doi.org/10.1162/rest_a_00800)
- [80]
- [114] Grant Thornton; 2022 Women in Business Report;  
<https://www.grantthornton.global/en/insights/wib-2022-campaign-landing-page/>
- [115] CARE. (2020). Gender Equality and Women's Empowerment in the context of Food Security and Nutrition.  
[https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE\\_Scoping\\_Paper-FINAL040ct.pdf](https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE_Scoping_Paper-FINAL040ct.pdf)
- [116] Ortiz-Ospina, E., & Roser, M. (2018). Economic inequality by gender. Published Online at OurWorldinData.Org. <https://ourworldindata.org/economic-inequality-by-gender>
- [117] Committee on World Food Security. (2021). CFS Voluntary Guidelines on Gender Equality and Women's and Girls' Empowerment in the Context of Food Security and Nutrition.  
[https://www.fao.org/fileadmin/templates/cfs/Docs2122/Gender/CFS\\_GEWE\\_VGs\\_First\\_Draft\\_en.pdf](https://www.fao.org/fileadmin/templates/cfs/Docs2122/Gender/CFS_GEWE_VGs_First_Draft_en.pdf)
- [118] Schmied, V., De Oliveira, J. D., Fleming, C., Hockey, K., Lala, G., Theakstone, G., & Third, A. (2020). Feeding My Child: How Mothers Experience Nutrition Across the World. A Companion Report to The State of the World's Children 2019. Western Sydney University & UNICEF. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:58027>
- [119] UN Women. (2020). COVID-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery. Policy Brief No. 16. UN Women.  
<https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-the-care-economy>
- [120] Schmied, V., De Oliveira, J. D., Fleming, C., Hockey, K., Lala, G., Theakstone, G., & Third, A. (2020). Feeding My Child: How Mothers Experience Nutrition Across the World. A Companion Report to The State of the World's Children 2019. Western Sydney University & UNICEF. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:58027>
- [121] CARE. (2020). Gender Equality and Women's Empowerment in the context of Food Security and Nutrition.  
[https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE\\_Scoping\\_Paper-FINAL040ct.pdf](https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE_Scoping_Paper-FINAL040ct.pdf)
- [122] CARE. (2020). Left Out and Left Behind: COVID19, Hunger, and Gender Inequality. <https://www.care-international.org/news/left-out-and-left-behind-covid19-hunger-and-gender-inequality>
- [123] Kim, S. S., Ouédraogo, C. T., Zagré, R. R., Ganaba, R., Zafimanjaka, M. G., Tharane, M., & Menon, P. (2022). Multiple modifiable maternal, household and health service factors are associated with maternal nutrition and early breastfeeding practices in Burkina Faso. *Maternal & Child Nutrition*, 19(1), e13457. <https://doi.org/10.1111/mcn.13457>
- [124] CARE. (2020). Gender Equality and Women's Empowerment in the context of Food Security and Nutrition.  
[https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE\\_Scoping\\_Paper-FINAL040ct.pdf](https://www.fao.org/fileadmin/templates/cfs/Docs1920/Gender/GEWE_Scoping_Paper-FINAL040ct.pdf)
- [125] CARE. (2020). Left Out and Left Behind: COVID19, Hunger, and Gender Inequality. <https://www.care-international.org/news/left-out-and-left-behind-covid19-hunger-and-gender-inequality>
- [126] Ceres 2030. (n.d.). Sustainable Solutions to End Hunger.  
<https://ceres2030.iisd.org/wp-content/uploads/2021/07/ceres2030-nature-portfolio-pdf>
- [127] Global Health 50/50, International Food Policy Research Institute, & UN Women. (2022). Global Food 50/50: Hungry for gender equality. *Global Health 50/50*.  
<https://doi.org/10.56649/WIQE2012>
- [128] Gakidou, E., Cowling, K., Lozano, R., & Murray, C. J. (2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis. *The Lancet*, 376(9745), 959974. [https://doi.org/10.1016/S0140-6736\(10\)61257-3](https://doi.org/10.1016/S0140-6736(10)61257-3)

- [129] Karlson, S., Say, L., Souza, J.-P., Hogue, C. J., Calles, D. L., Gülmezoglu, A. M., & Raine, R. (2011). The relationship between maternal education and mortality among women giving birth in health care institutions: Analysis of the cross sectional WHO Global Survey on Maternal and Perinatal Health. *BMC Public Health*, 11(1), 606. <https://doi.org/10.1186/1471-2458-11-606>
- [130] National Academies of Sciences, E., Division, H. and M., Health, B. on G., & States, C. on G. H. and the F. of the U. (2017). Investing in Women's and Children's Health. In *Global Health and the Future Role of the United States*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK458467/>
- [131] Götmark, F., & Andersson, M. (2020). Human fertility in relation to education, economy, religion, contraception, and family planning programs. *BMC Public Health*, 20(1), 265. <https://doi.org/10.1186/s12889-020-8331-7>
- [132] Marphatia, A. A., Ambale, G. S., & Reid, A. M. (2017). Women's Marriage Age Matters for Public Health: A Review of the Broader Health and Social Implications in South Asia. *Frontiers in Public Health*, 5, 269. <https://doi.org/10.3389/fpubh.2017.00269>
- [133] Greene, M. E., & Stiefvater, E. (2019). Social and gender norms and child marriage: A reflection on issues, evidence and areas of inquiry in the field. *ALIGN*. <https://www.alignplatform.org/resources/2019/04/social-gender-norms-and-child-marriage>
- [134] United Nations Population Fund. (2015). *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*. <https://www.unfpa.org/publications/girlhood-not-motherhood>
- [135] Wodon, Q. T., Male, C., Nayihouba, K. A., Onagoruwa, A. O., Savadogo, A., Yedan, A., Edmeades, J., Kes, A., John, N., Murithi, L., Steinhaus, M., & Petroni, S. (2017). Economic impacts of child marriage: Global synthesis report [Text/HTML]. World Bank Group. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/530891498511398503/Economic-impacts-of-child-marriage-global-synthesis-report>
- [136] Kidman R. (2017). Child marriage and intimate partner violence: A comparative study of 34 countries. *International Journal of Epidemiology*, 46(2), 662–675. <https://doi.org/10.1093/ije/dyw225>
- [137] United Nations Population Fund. (2015). *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*. <https://www.unfpa.org/publications/girlhood-not-motherhood>
- [138] United Nations Population Fund. (2015). *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*. <https://www.unfpa.org/publications/girlhood-not-motherhood>
- [139] Girls Not Brides & International Center for Research on Women. (2016). Taking action to address child marriage: The role of different sectors. <https://www.girlsnotbrides.org/documents/432/6.-Addressing-child-marriage-Food-Security-and-Nutrition.pdf>
- [140] Gakidou, E., Cowling, K., Lozano, R., & Murray, C. J. (2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis. *The Lancet*, 376(9745), 959–974. [https://doi.org/10.1016/S0140-6736\(10\)61257-3](https://doi.org/10.1016/S0140-6736(10)61257-3)
- [141] Karlson, S., Say, L., Souza, J.-P., Hogue, C. J., Calles, D. L., Gülmezoglu, A. M., & Raine, R. (2011). The relationship between maternal education and mortality among women giving birth in health care institutions: Analysis of the cross sectional WHO Global Survey on Maternal and Perinatal Health. *BMC Public Health*, 11(1), 606. <https://doi.org/10.1186/1471-2458-11-606>
- [142] National Academies of Sciences, E., Division, H. and M., Health, B. on G., & States, C. on G. H. and the F. of the U. (2017). Investing in Women's and Children's Health. In *Global Health and the Future Role of the United States*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK458467/>
- [143] Götmark, F., & Andersson, M. (2020). Human fertility in relation to education, economy, religion, contraception, and family planning programs. *BMC Public Health*, 20(1), 265. <https://doi.org/10.1186/s12889-020-8331-7>
- [144] Wodon, Q., Montenegro, C., Nguyen, H., & Onagoruwa, A. (2018). Missed Opportunities: The High Cost of Not Educating Girls. World Bank Group. Chou, V. B., Walker, N., & Kanyangarara, M. (2019). Estimating the global impact of poor quality of care on maternal and neonatal outcomes in 81 low- and middle-income countries: A modeling study. *PLoS Medicine*, 16(12), e1002990. <https://doi.org/10.1371/journal.pmed.1002990>
- [145] World Food Programme. (2022). *The State of School Feeding Worldwide 2022*. World Food Programme. <https://www.wfp.org/publications/state-school-feeding-worldwide-2022>
- [146] Dani, J., Burrill, C., & Demmig-Adams, B. (2005). The remarkable role of nutrition in learning and behaviour. *Nutrition & Food Science*, 35, 258–263. <https://doi.org/10.1108/00346650510605658>
- [147] World Economic Forum. (2021). *Global Gender Gap Report 2021: Insight Report*. [https://www3.weforum.org/docs/WEF\\_GGGR\\_2021.pdf](https://www3.weforum.org/docs/WEF_GGGR_2021.pdf)
- [148] World Bank. (2023). *Women, Business and the Law 2023*. The World Bank. <https://doi.org/10.1596/978-1-4648-1944-5>
- [149] United Nations Women. (2018). *Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development*. UN Women. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2018/SDG-report-Gender-equality-in-the-2030-Agenda-for-Sustainable-Development-2018-en.pdf>
- [150] International Labour Office. (2021). *World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future*. ILO. [https://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@soc\\_sec/documents/publication/wcms\\_817572.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@soc_sec/documents/publication/wcms_817572.pdf)
- [151] International Labour Office. (2022). *World Employment and Social Outlook: Trends 2022* [Report]. ILO. [http://www.ilo.org/global/research/global-reports/weso/trends2022/WCMS\\_834081/lang--en/index.htm](http://www.ilo.org/global/research/global-reports/weso/trends2022/WCMS_834081/lang--en/index.htm)
- [152] Tucker, J. & Patrick, K. (2017). *Low-Wage Jobs Are Women's Jobs: The Overrepresentation of Women in Low-Wage Work*. National Women's Law Center. <https://nwlcl.org/resource/low-wage-jobs-are-womens-jobs-the-overrepresentation-of-women-in-low-wage-work/>
- [153] International Labour Office. (2018). *Care work and care jobs for the future of decent work* [Report]. International Labour Organization. [http://www.ilo.org/global/publications/books/WCMS\\_633135/lang--en/index.htm](http://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm)
- [154] Tsai, S.-Y. (2013). Impact of a Breastfeeding-Friendly Workplace on an Employed Mother's Intention to Continue Breastfeeding After Returning to Work. *Breastfeeding Medicine*, 8(2), 210–216. <https://doi.org/10.1089/bfm.2012.0119>
- [155] Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., Piwoz, E. G., Richter, L. M., & Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017), 491–504. [https://doi.org/10.1016/S0140-6736\(15\)01044-2](https://doi.org/10.1016/S0140-6736(15)01044-2)
- [156] International Labour Office. (2018). *Constraints and good practice in women's entrepreneurship in MENA. Case study: New evidence on gender attitudes towards women in business* (Working Paper Impact Report Series, Issue 10). [http://www.ilo.org/employment/areas/youth-employment/WCMS\\_622769/lang--en/index.htm](http://www.ilo.org/employment/areas/youth-employment/WCMS_622769/lang--en/index.htm)
- [157] UNDP & UNICEF. (2021). *Addressing Gender Barriers to Entrepreneurship Among Girls and Young Women in South-East Asia*. UNDP Bangkok Regional Hub and UNICEF East Asia and the Pacific Regional Office. <https://www.unicef.org/eap/reports/addressing-gender-barriers-entrepreneurship-and-leadership-among-girls-and-young-women>
- [158] Heidkamp, R. A., Piwoz, E., Gillespie, S., Keats, E. C., D'Alimonte, M. R., Menon, P., Das, J. K., Flory, A., Clift, J. W., Ruel, M. T., Vosti, S., Akuoku, J. K., & Bhutta, Z. A. (2021). Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: An agenda for action. *The Lancet*, 397(10282), 14001418. [https://doi.org/10.1016/S0140-6736\(21\)00568-7](https://doi.org/10.1016/S0140-6736(21)00568-7)
- [159] United Nations Children's Fund. (n.d.). *NutriDash – global nutrition monitoring platform*.

- 
- [160] Gillespie, S., Menon, P., Heidkamp, R., Piwoz, E., Rawat, R., Munos, M., Black, R., Hayashi, C., Saha, K. K., & Requejo, J. (2019). Measuring the coverage of nutrition interventions along the continuum of care: Time to act at scale. *BMJ Global Health*, 4(Suppl 4), e001290. <https://doi.org/10.1136/bmjgh-2018-001290>
- [161] King, S. E., Sheffel, A., Heidkamp, R., Xu, Y. Y., Walton, S., & Munos, M. K. (2022). Advancing nutrition measurement: Developing quantitative measures of nutrition service quality for pregnant women and children in low- and middle-income country health systems. *Maternal & Child Nutrition*, 18(1), e13279. <https://doi.org/10.1111/mcn.13279>
- [162] Intake. (2022). Global Diet Quality Score Toolkit. Intake Center for Dietary Assessment/FHI Solutions.
- [163] von Grebmer, K., Nestorova, B., Quisumbing, A. R., Fertziger, R., Fritschel, H., Pandya-Lorch, R., & Yohannes, Y. (2009). 2009 Global Hunger Index: The challenge of hunger: Focus on Financial Crisis and Gender inequality. Welthungerhilfe, International Food Policy Research Institute, Concern Worldwide. <https://www.ifpri.org/publication/2009-global-hunger-index-challenge-hunger-0>
- [164] Yaya, S., Odusina, E. K., Uthman, O. A., & Bishwajit, G. (2020). What does women's empowerment have to do with malnutrition in Sub-Saharan Africa? Evidence from demographic and health surveys from 30 countries. *Global Health Research and Policy*, 5, 1. <https://doi.org/10.1186/s41256-019-0129-8>
- [165] Bennett, L. (1988). The Role of Women in Income Production and Intra-household Allocation of Resources as a Determinant of Child Nutrition and Health. *Food and Nutrition Bulletin*, 10(3), 1–9. <https://doi.org/10.1177/156482658801000308>
- [166] Halim, N., Spielman, K., & Larson, B. (2015). The economic consequences of selected maternal and early childhood nutrition interventions in low- and middle-income countries: A review of the literature, 2000–2013. *BMC Women's Health*, 15(1), 33. <https://doi.org/10.1186/s12905-015-0189-y>
- [167] Lancet Series on Maternal and Child Undernutrition Progress; 2021; The Lancet; <https://www.thelancet.com/series/maternal-child-undernutrition-progress>
- [168] Pullar, J., Wickramasinghe, K., Demaio, A. R., Roberts, N., Perez-Blanco, K.-M., Noonan, K., & Townsend, N. (n.d.). The impact of maternal nutrition on offspring's risk of non-communicable diseases in adulthood: A systematic review. *Journal of Global Health*, 9(2), 020405. <https://doi.org/10.7189/jogh.09.020405>
- [169] Lancet Series on Maternal and Child Undernutrition Progress; 2021; The Lancet; <https://www.thelancet.com/series/maternal-child-undernutrition-progress>
- [170] Global Nutrition Report; 2020; <https://globalnutritionreport.org/blog/why-tackling-malnutrition-matters-womensempowerment/>
- [171] Halim N., Spielman K. & Larson B.; 2015; The economic consequences of selected maternal and early childhood nutrition interventions in low- and middle-income countries: A review of the literature, 2000–2013. *BMC Women's Health* 15, 33; <https://doi.org/10.1186/s12905-015-0189-y>
- [172] Perumal P., Blakstad M., Fink G., Lambiris M., Bliznashka L., Danaei G., Sudfeld C.; 2021; Impact of scaling up prenatal nutrition interventions on human capital outcomes in low- and middle-income countries: A modelling analysis; *Am J Clin Nutr*. Nov 8;114(5):1708-1718.; <https://pubmed.ncbi.nlm.nih.gov/34320177/>
- [173] Horten S., Alderman H., Rivera J.; 2008; Copenhagen Consensus Malnutrition and Hunger Challenge Paper; [https://www.copenhagenconsensus.com/sites/default/files/CP\\_Malnutrition\\_and\\_Hunger\\_-\\_Horten.pdf](https://www.copenhagenconsensus.com/sites/default/files/CP_Malnutrition_and_Hunger_-_Horten.pdf)