ACCELERATING WOMEN’S AND GIRLS’ NUTRITION IN INDIA ADVOCACY STRATEGY

BACKGROUND

Women’s and girls’ nutrition in India is a pressing and underprioritized issue that demands urgent attention. Despite progress in recent years, India still faces a triple burden of malnutrition, encompassing undernutrition, micronutrient deficiencies and overweight or obesity. Women and girls are disproportionately affected. Findings from the National Family Health Survey (NFHS)-5 (2019-21) reveal that in the age range from 15 to 49 more women in India are anaemic compared to men—57% of women vs 25% of men (see Graph 1). Between 2015 and 2016 and from 2019 to 2021, the anemia situation worsened in 22 states. Moreover, nearly two in three adolescent girls ages 15–19 are anemic or 59%. Additionally, 19% of women in India have a low Body Mass Index (BMI), while the percentage is comparatively lower at 16% for men.¹ Uttar Pradesh (UP), the most populous state in India and a focus state for the Women’s Nutrition Project, implemented by FHI 360, has a high prevalence of undernourished women, with 19% of women having a low BMI and 50% of women being anaemic.² Women’s literacy levels and educational attainment lag behind men in the state, which is of concern given the linkages between nutrition, education and gender equality. The NFHS-5 (2019-2021) notes that in UP, 16% more women are illiterate than men, and 39% of women have more than 10 years of schooling, which is 9% fewer compared to men. A study conducted in UP highlighted the association between education and maternal dietary diversity—women with middle or high school education consumed 12% more food groups when compared with those having no schooling.³

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² National Family Health Survey (NFHS-5), India, 2019-21
Malnutrition impacts a woman’s overall quality of life, reducing her ability to learn and generate income and limiting her ability to protect herself from diseases. Women’s nutritional demands need to be improved across their life cycle, from infancy, childhood, adolescence, reproductive years and post-menopausal phases. Malnourishment negatively impacts on not only pregnancy outcomes but also the cognitive functions, productivity, and economic potential of women. The causes of women’s disproportionate nutritional outcomes range from biological and social to economic and cultural factors. The effects are also heavily influenced by gender inequalities affecting women’s access to, and control of assets in turn reducing the ability to provide food, care, and health and sanitation services for themselves, and their children. Securing improvements in nutrition, especially for women and children, is essential for achieving sustainable development goals. A recent review on the role of nutrition within the Sustainable Development Goals (SDGs) underscored that nutrition is essential to achieve all the SDGs despite being explicit in only one SDG (Figure 1).

Figure 1: Relationship between nutrition and the 17 SDGs

The Government of India has implemented various policies and initiatives to address malnutrition, both through nutrition-specific and nutrition-sensitive approaches (see Box 1). The POSHAN Abhiyaan and the Mission Poshan 2.0 are particularly significant steps in prioritizing nutrition within the country’s development strategy. However, despite ongoing efforts, women’s and girls’ nutrition continues to be overshadowed by a predominant focus on maternal nutrition and young child nutrition while overlooking the specific and lifelong nutritional needs of all women, including non-pregnant and non-lactating women and girls. Even maternal health services are provided with the aim of ensuring good foetal outcomes, rather than focusing on a woman’s well-being. Nutrition for women, including non-lactating or non-

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4 Giuseppe Grosso and others, on behalf of the Food and Nutrition Section of the European Public Health Association, Nutrition in the context of the Sustainable Development Goals, European Journal of Public Health, Volume 30, Issue Supplement_1, March 2020, Pages i19–i23
KEY ISSUE AREAS

1. **Narrow focus on women’s nutrition**: Many nutrition services are designed for children as well as pregnant women with the goal of good foetal outcomes, rather than focusing on the woman’s overall well-being, pointing to the need to focus on women’s and girls’ nutrition holistically, across her lifecycle, including adolescence. Additionally, nutrition programs are primarily centered around clinical aspects of malnutrition with a focus on reducing mortality with little or no focus on addressing underlying social and cultural determinants.

2. **Lack of convergence between relevant stakeholders**: Existing policies and initiatives influencing women’s and girls’ nutrition are fragmented with a lack of clear delegation of roles and responsibilities across ministries and departments. The engagement of the private sector entities also

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**BOX 1**: The Government of India has adopted multiple policies on nutrition and in sectors with a high impact on nutrition. Together, they provide a broad framework to address malnutrition and roll out nutrition-specific and nutrition-sensitive interventions targeted at different segments of the population. The establishment of POSHAN Abhiyaan in 2018 set nutrition high on the national development agenda. These policies focus mostly on food security and undernutrition, although discussions at the policy and programmatic level are acknowledging the changing face of malnutrition in the country: the double burden of malnutrition, the growing incidence of non-communicable diseases and multiple micronutrient deficiencies. Women’s nutrition is often limited to ‘maternal nutrition.’ Intersectorality is strong at the policy and programmatic level between health and nutrition, and emerging between nutrition and gender, in the yet-to-be-approved national policy for women. Relevant policies and programs include:

1. **The POSHAN Abhiyaan and the Mission Poshan 2.0** are two national-level initiatives by the Government of India to improve the overall nutritional status of the population by promoting healthy eating habits and physical activity.
2. **Anemia Mukt Bharat (Anemia Free India)**, a national campaign with the goal of making India anemia-free as a part of the Government of India’s Poshan Abhiyaan with a focus on the anemia burden across the life cycle prioritizing women and girls.
3. **Public Distribution Scheme (PDS)** is a food distribution scheme to ensure food security.
4. **The Integrated Child Development Services**: (ICDS) is a government program in India that provides a comprehensive package of services for the holistic development of children under the age of 6 years and their mothers as well as the Adolescent Girls Scheme.
5. **The National Health Mission’s RMNCH+A strategy** is responsible for some of the country’s major initiatives to improve women’s and girls’ health, including Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), Rashtriya Bal Swasthya Karyakram (child health screening and early intervention services, and Ayushman Bharat School Health & Wellness Program under NHM).

pregnant, and girls requires a special focus, convergence, and a long-term sustainable vision encompassing all phases of a woman’s life. The current momentum and political will to address nutritional challenges brings an opportune moment to focus on the nutritional needs of women and girls across the entire lifecycle and highlight its merit. The Ministry of Health & Family Welfare (MoHFW) and the Partnership for Maternal, Newborn and Child Health recently released a Thematic Paper on Health of the Youth: Wealth of the Youth in a G20 event on health and well-being of youth, which cited nutrition as a key strategic pillar of action along with a focus on gender gaps. A highly encouraging outcome was secured under the G20 New Delhi Leaders’ Declaration, September 9-10, 2023, where securing women’s food security and nutrition was recognized as the cornerstone of individual and community development under the section “Gender equality and empowering all Women and Girls.” Designing and implementing gender transformative actions across health, nutrition, food and social protection systems have been highlighted for achieving the same.
remains ambiguous. The challenges facing women and girls require coordinated efforts to ensure cohesive plans, clear responsibilities and effective private-sector involvement.

3. **Lack of targeted messaging and focus on creating awareness and community mobilization efforts:**
   The existing social mobilization efforts and informational materials are focused on maternal nutrition and do not address the nutritional needs of non-pregnant, non-lactating women. Additionally, the messaging is homogenous, and a one-size-fits-all frame. It needs to be contextualized to the socio-cultural realities of the diverse audience.

4. **Need for integrated approach on nutrition-specific and sensitive financing from the government and donors:** Multiple studies and news reports underline the need for an increase in investments in nutrition schemes to address the magnitude of the problem.5,6
   - For instance, the budget allocation of INR 20,554 crore to ICDS (Integrated Child Development Services) for programs like the Anganwadi Services Scheme, POSHAN Abhiyaan (National Nutrition Mission), and the Scheme for Adolescent Girls will not be enough to meet the increasing demand for additional human resources needed for adequate service delivery.
   - The budget for Mission Shakti, which includes programs like Pradhan Mantri Matru Vandana Yojana, Women Helpline, Beti Bachao Beti Padhao, and other women’s social protection programs, decreased by 1.2% from INR 3,184.11 crore in 2022-23 to INR 3,143.96 crore in 2023-24.

**NATIONAL ADVOCACY WORKSHOP**

With this status in the backdrop, GHS, in collaboration with FHI 360, organized an expert group consultation in April 2023. The meeting brought together diverse stakeholders, including government leadership, technical experts, civil society organizations (CSOs), representation from partner and donor organizations, and national research institutes,7 to formulate specific advocacy asks and tangible action items to create an enabling environment for advancing the agenda in support of women’s and girls’ nutrition in India with a focus on the state of UP.

The workshop was aimed to:

- Identify urgent advocacy asks addressing issues around women’s and girls’ nutrition at the national and state levels, with a specific focus on UP.
- Identify target audiences, stakeholder groups, and partners, for each goal with specific calls to action.
- Identify key advocacy opportunities that can be leveraged to accelerate progress on women’s and girls’ nutrition.

This consultation was successful in collating the group’s experience and expertise on the focus areas, while also drawing their commitment and support towards the development of an advocacy strategy and

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6 “Nutrition in India: A look at the policy Initiatives, investments, and outcome indicators” by The International Growth Centre

joint action plan for accelerating improvements in women’s and girls’ nutrition in India. The resulting advocacy strategy is adapted from the global action agenda, *Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls.*

**ADVOCACY STRATEGY**

**OVERALL GOAL:** Enabled environment to drive government and partners towards convergent policy action for optimizing existing interventions, and for a constructive approach toward innovative strategies to improve women’s and girls’ nutrition in India.

**OBJECTIVES:**
1. Promote an informed policy shift prioritizing investments and increased commitment to women’s and girls’ nutrition through a cohort of champion voices.
2. Increased convergence among relevant departments, ministries, institutes, and facilities to strengthen the response toward women’s and girls’ nutrition.
3. Drive transformative change at the grassroots level by empowering local champions through community engagement.

**TARGET DURATION:** Based on the objectives and design of the activities, we anticipate the strategy to be undertaken for three years to achieve the goal.

**TARGET AUDIENCE**

Women’s and girls’ nutrition is a complex subject that is influenced by many social, cultural, fiscal and policy factors, amongst others. Therefore, many stakeholders hold the power to make positive changes and improve the situation of women’s and girls’ nutrition in India (Figure 2).

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*The draft advocacy strategy was shared with the participants of the national advocacy workshop as well as thought leaders and technical experts. The respondent’s feedback has been incorporated into this advocacy strategy and the joint action plan.*

• **Influential Voices:** Individuals or groups, such as media and CSOs, based on their experience and understanding, are critical to the discussions and narratives on women’s and girls’ nutrition. If enabled, they can effectively communicate messages, raise awareness, and advocate for positive change through their platforms, positions, or social influence.

• **Indirect Influencers:** Stakeholders who, although not directly involved in women’s and girls’ nutrition programs or interventions, hold positions or roles that indirectly impact women’s and girls’ nutrition outcomes. This could include research organizations, multilateral agencies, women’s coalitions, medical experts, etc., whose actions or decisions have an indirect influence on policies and programs.

• **Direct Influencers:** Stakeholders who directly engage with and impact women’s and girls’ nutrition through their actions, programs, or interventions. This can include all the allied Union Ministries in India (including Health & Family Welfare, Women and Child Development (WCD), Education (MoE), Panchayati Raj, Rural development, AYUSH, Jal Shakti, and more), NITI Aayog, Indian Council of Medical Research (ICMR), and Food Safety and Standards Authority of India, among others, that directly implement or inform targeted initiatives to improve women’s and girls’ nutrition and well-being.

• **Core Decision Makers:** Key individuals or entities who hold decision-making power and authority in shaping policies, strategies, and resource allocation related to women’s and girls’ nutrition. This could involve government officials, funding agencies, program managers, and policymakers who play a crucial role in determining the priorities, funding allocations, and implementation strategies that affect women’s and girls’ nutrition at a systemic level.

Recognizing and addressing these stakeholders is essential in developing comprehensive strategies and interventions to improve women’s and girls’ nutrition and promote their overall health and empowerment.

**APPROACH AND FRAMEWORK**

This strategy is based on “4 Ps,” as demonstrated in Figure 3.

![Figure 3: Four principles of the strategy](image)

Activities proposed will build on national initiatives in support of women’s and girls’ nutrition and work toward ensuring resources are effectively utilized. The strategies and activities will be culturally in tandem with the environment, audience, and partners. The material and the messages will be gender-sensitive and consider issues for people with disabilities.
EXPECTED CHANGES

- Key stakeholders equipped with accurate information and evidence about the need to support women’s and girls’ nutrition, to raise the issue in public and policy narrative.

- A robust case built for intersectoral convergence between ministries and relevant departments, where the political and administrative leadership consistently recognizes the significant value of collaboration and coherent actions across sectors in enhancing women’s and girls’ nutrition.

- Development of comprehensive program guidance on women’s nutrition across the life cycle, building on and improving existing guidelines.

- An increased understanding and sensitivity among community leaders, teachers, frontline workers, and CSOs, around the impact of education and the gender perspective, towards improving women’s and girls’ nutrition in their respective regions/communities.
**OBJECTIVE 1:** Promote an informed policy shift prioritizing investments and increased commitment for women and girls’ nutrition through a cohort of champion voices.

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<th>STRATEGY</th>
<th>SUGGESTED ACTIVITIES</th>
<th>STAKEHOLDERS</th>
<th>INDICATORS</th>
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<td>Use existing evidence: Routinely update, synthesize, interpret, and disseminate evidence (related to health, policy, socio-economic factors, gender, and other related) within the pool of champion voices.</td>
<td>• Establish a high-level expert group, including representation from ICMR-NIN, AIIMS, other research institutes to convene routine discussions around existing and new evidence, review and synthesize those for wider dissemination. • Identify, engage, and secure support of relevant champion voices (including policymakers, technical experts, other thought leaders, media stakeholders, others). Engagements could be done in the form of roundtable meetings, one-on-one meeting, at relevant conferences, encouraging them to disseminate key evidence and relevant messaging towards raising the profile of women’s and girls’ nutrition in public and policy spaces. • Support high-level stakeholders, including from the champion base to meet routinely to discuss strategies to elevate women’s and girls’ nutrition in the national agenda and channel their recommendations to the relevant ministries. • Routinely inform and update them with any latest evidence (including new innovations), around key developments and provide communications packages for them to use and disseminate. - Support them to convene interactions with interested and informed elected representatives to help drive conversations on</td>
<td>Advocacy partners: Advocacy organizations, development partners, multilateral agencies, professional networks such as FOGSI, IAP, and media. Target audience: WCD, MoHFW, donor organizations, NITI Aayog, Members of Parliament, technical institutes and experts, ICMR-NIN, AIIMS, National Institute of Health &amp; Family Welfare, senior media representatives, private sector companies.</td>
<td># of informational materials shared with key champions (including, but not limited to, thematic paper, factsheets, newsletters, videos, graphics). # of platforms where the stakeholders raise points on women’s and girls’ nutrition (including conferences, parliament sessions, media, public platforms, etc). Recommendations from high-level stakeholders shared with WCD, MoHFW, and MoE. Comprehensive guidance on women’s and girls’ nutrition programs from three ministries (MoHFW, WCD and MoE) developed.</td>
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<td>Engage and equip champion voices for women’s and girls’ nutrition:</td>
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<td>o Build consensus and ownership among key stakeholders who can establish the value of prioritizing women’s and girls’ nutrition as a case for India’s progress. o Build awareness and urgency around adopting interventions that address women’s and girls’ nutrition across their lifecycle and that span the four action areas of the global action agenda</td>
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10The cohort of champion voices will include influential voices as informed above (Target Audience), who will be both recipients and messengers of evidence and project related messaging.
| Establish strategic partnerships with technical institutes, both at the national and state levels (AIIMS, ICMR-NIN, DBT, etc.) to build awareness around innovations/ interventions. | Advocate for comprehensive program guidance on women’s and girls’ nutrition from three ministries (MoHFW, MoE, and MWCD). | The issue in relevant policy discussions and public platforms. These interactions will also be scoped to spotlight gender as a critical determinant.

- Support champions to disseminate evidence-based thought pieces/statements routinely. This will help build credibility around the issue and sustain an informed narrative and interest.
- Support activated champion voices in raising the discourse and profile on women’s and girls’ nutrition at high level convenings and conferences, including meetings with professional bodies like (FOGSI, IAP) to enlist their support toward the issue.

- Design and implement a national level celebrity campaign (like the *TB Harega Desh Jeetega*) to reach a wider audience and draw public appeal towards the issue.
- Leverage national and state level convenings of technical institutes to raise the discourse around new innovations; Develop white papers to synthesise evidence and share recommendations with WCD/ MoHFW.
- Convene technical consultation, in collaboration with MoHFW, MoE, MWCD and other ministries, to develop comprehensive guidance on women’s and girls’ nutrition.
- Identify the CSR and CSR networks through a mapping exercise, business engagement strategy and secure support of private sector companies to invest in women’s and girls’ nutrition as part of the CSR initiatives; sensitization of identified CSRs on |

- Advocate for optimizing missed opportunities in existing government programs and budgets.

- Engage the private sector for increasing investments in women’s and girls’ nutrition through corporate social responsibility (CSR) with a focus on gender and nutrition. |

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- Identify the CSR and CSR networks through a mapping exercise, business engagement strategy and secure support of private sector companies to invest in women’s and girls’ nutrition as part of the CSR initiatives; sensitization of identified CSRs on |

- # of CSR initiatives influenced that invested in improving women’s and girls’ nutrition.
**OBJECTIVE 2:** Increased convergence among relevant departments, ministries, institutes, and facilities to strengthen the response toward women’s and girls’ nutrition.

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| Demonstrate the need for greater coherence and value of intersectoral collaboration between different ministries and partners. | • Curate and convene discussions (like learning exchanges, consultations, others) with diverse high-level stakeholders, including ministries and relevant departments, to highlight the importance of women’s and girls’ nutrition in the national health and development agenda. These forums will be used to underline the need for greater convergence, across sectors, while ensuring coherence in all policies and programmes.  
• Create a cross-learning platform/learning hub on nutrition, housed within and linked with national sites that collects and distributes knowledge - supports all partners and CSO networks to share evidence-based case studies, encouraging scale up of proven interventions/building on existing programmes.  
• Enable key thought leaders and subject matter experts from across sectors, to underline the need for strengthening collaboration and convergence around women’s and girls’ nutrition through platforms like media (including digital media), other public fora, to create and sustain attention on the issue in the public narrative. | **Advocacy partner:** Advocacy organizations, development partners, multilateral agencies.  
**Target audience:** WCD, MoHFW, MoE, Ministry of Consumer Affairs, Food and Public Distribution, Ministry of Agriculture, Ministry of Panchayati Raj, allied state departments, Members of Parliaments and Members of Legislative Assembly, Union and state leadership, private sector facilities, industry partners and academic institutions. | # of meetings where two or more stakeholders, from diverse sectors/ministries participate at national/regional/state level.  
A relevant Union Ministry/Anchor ministry to be identified based on assessments, stakeholder discussions and interest. (Which will lead the development of guidance document).  
# of conferences organized by partners with segments on women’s and girls’ nutrition.  
Cross learning platform created and used by the relevant stakeholders. |
• Sensitize industry partners (such as PHD Chamber of Commerce, FICCI), through routine consultations and participation in thematic discussions, to promote urgency and good practices around women’s and girls’ nutrition, including nutrition support at workplaces.

• Sensitize leadership of academic institutes including public health and nutrition institutes and associations (like IAPSM, IPHA, Epidemiological Foundation of India), medical and nursing colleges, on the importance of including women’s nutrition in their curricula.

• Encourage MPs/MLAs/MLCs to leverage existing platforms where possible (for instance DISHA meetings and district nutrition committee meetings) to discuss women’s and girls’ nutrition.

• Motivate relevant officials/program implementors of existing school health programmes for example- RKSK, AMB, AYUSHMAAN Bharat School Health & Wellness Program including School Health & Wellness Ambassadors, Kasturba Gandhi Awasiya Balika Vidyalaya11, Eat Right Schools/Eat Right India) to raise awareness about good nutrition practices through their programmes.

STATE LEVEL

State level Task force on Women’s and Girls Nutrition being constituted.

# of academic institutes sensitized on the urgency to include women’s nutrition (holistically) in their curriculum.

STATE LEVEL

11 The Kasturba Gandhi Balika Vidyalaya or KGBV are residential girls’ secondary schools run by the Government of India for the underserved sections in India. These are established in Educationally Backward Blocks (EBBs) where the rural female literacy is below the national average (46.13%: Census 2001) and the gender gap in literacy is more than the national average (21.59%: Census 2001).
- Create a task force under the leadership of senior government officials, who will review the nutrition outcomes, and performance of relevant health and women empowerment schemes, with participation from allied departments like health and education, to find recommendations.
- Encourage industry partners to focus women’s and girls’ nutrition through their CSR initiatives by engaging decision makers, showcasing impact, and offering partnership opportunities.

**OBJECTIVE 3:** Drive transformative change at the grassroots level by empowering local champions through community engagement.

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| Increase dialogue and engagements with PRI (Panchayati Raj Institutions), members relevant departments, schoolteachers, FLWs, others for improved comprehension and awareness on the gendered dimensions of nutrition vulnerability. | • Conduct orientations sessions for frontline workers and providers across sectors, including ASHAs, ANMs, Anganwadi workers and teachers to adequately support/supervise existing schemes and programmes.  
• Organize sensitizations workshops at all levels, for PRI members, to equip them in:  
  o leveraging local platforms and resources to challenge existing socio-cultural practices against women and build their agency as decision makers.  
  o sharing contextualized information about nutrition in their communities to raise awareness. | Advocacy partner: Advocacy organizations, development partners, multilateral agencies.  
State: State health, education, Panchayati Raj, and women departments, senior government officials, State health society, | % of states which create a state level advisory committee  
ASHA/ANM/AWW/ health providers/ teacher orientation held in the state.  
% of states which provide guidance to PRI members through briefing sessions/pocketbooks |
*Engage influential community voices, including local elected (Gram Pradhans), teachers, peer educators (through NHM) and religious leaders, women’s groups, female rural social volunteers (including SHGs, Jal Sakhis, Bank Sakhis), youth groups, existing network of CSOs to reach the community with the right and contextualized information; Engage women’s groups and stakeholder to encourage and organize livelihood skill generation; Engage men and boys as allies and challenge myths and misconceptions about women's and girls' nutrition to promote accurate information and better health outcomes.*

Sub-state: PHC members, Gram Pradhans, and other panchayat members, ASHAs, ANMs, AWW, frontline health service providers teachers, women’s groups (including SHGs).

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<th>TARGET AUDIENCE</th>
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<th>OPPORTUNITIES</th>
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| • Members of Parliament and Members of Legislative Assemble, Member of Legislative Council  
• Senior official of Union Ministries, NITI Aayog, and allied state departments | • Communication kits  
• Factsheets  
• Presentations  
• Advocacy video  
• Compendium of good practices (being practices in states or other countries)  
• Policy briefs  
• Briefings and meeting  
• Site visits  
• Advocacy workshops  
• Roundtables with policymakers | • Parliamentary and legislative sessions and meetings  
• Parliamentary standing committee meetings  
• State, district convergence meetings  
• One-on-meetings |

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12 Jal Sakhis are female water ambassadors who work in rural areas of India to promote water conservation, hygiene, and sanitation. They are trained by the government or non-governmental organizations (NGOs) to educate communities about the importance of water, how to use it efficiently, and how to prevent waterborne diseases.

13 Bank Sakhis are women who have been trained to provide banking services to rural communities in India. They are members of Self-Help Groups (SHGs), which are small groups of women who pool their savings and provide each other with loans and other financial services.
### Media (editorial and social)

**Editorial Media:**
- Press releases
- Opinion articles
- Feature stories
- Newsletter
- Contact lists and details of experts
- FAQs
- Case studies
- Media pitches
- Media trainings

**Social Media:**
- Pitches and toolkits (including infographics, posts, and video series) to community influencers, and popular pages

### Donor organizations

- Presentations
- Success stories from other countries

### Civil Society Organizations

- Survey tool (to conduct stakeholder mapping exercise to identify partners)
- Case study templates

### CONCLUSION
This advocacy strategy aims to help drive positive change in women's and girls' nutrition in India. Through the related activity plan, the strategy intends to engage all relevant stakeholders, with the aim to increase commitment and action towards the three key objectives. The engagements are designed to encourage increased collaborations, effective convergence, mainstreaming of the issue in the national narrative, and effective monitoring. A key element in the strategy is adopting a gendered lens across efforts.