

Recommendations for Developing Commitments on Nutrition and Gender Equality



Background

Out of an estimated 820 million chronically undernourished people worldwide, 60% are women and girls. Two in every three women of reproductive age – more than 1 billion women – suffer from at least one essential micronutrient deficiency.¹ Since 2020, in the 12 countries hardest hit by the global food and nutrition crisis, the number of pregnant and breastfeeding women and adolescent girls suffering from acute malnutrition has soared from 5.5 million to 6.9 million – or 25%.² At the same time, overweight and obesity disproportionately impacts women and girls.³ The prevalence of obesity is higher for women than for men in all countries, in both urban and rural settings, regardless of household wealth quintile, according to most recent available data.^{4,5} Poor nutrition outcomes (undernutrition, micronutrient deficiencies, overweight and obesity) among women and girls hinder their economic opportunities and undermine progress on gender equality. For example, the rate of anaemia globally is increasing, affecting 3 in 10 women of reproductive age, with a global economic cost of \$113 billion per year.

In most parts of the world, a range of barriers exist in the daily lives of women and girls that constrain their access to optimal nutrition and perpetuate intergenerational cycles of malnutrition. These barriers are driven by unequal power relations, restrictive gender norms and roles, and discriminatory laws and policies that limit women and girls' access to healthy diets and essential services and care.⁶

Reducing malnutrition in early childhood necessitates addressing the gender inequities that hinder women's and girls' access to primary health care and essential nutrition action for their own health and that of their families. Globally it is estimated that 17 million children (13%) were born with low birthweight, 146 million children under 5 (23%) have stunted growth, and 245 million (41%) suffer from anaemia. Each year, this level of stunting, low birthweight and anaemia result in an estimated US\$761 billion in economic costs (or 1% of global gross national income) due to cognitive and mortality losses, as well as 1.3 million child deaths and 304 million lost IQ points.⁷



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- 1 Stevens, G.A. et al. 'Micronutrient Deficiencies Among Pre- school-Aged Children and Women of Reproductive Age Worldwide: A Pooled Analysis of Individual-Level Data from Population-Representative Surveys', *Lancet Global Health*, vol.10, no. 11, 2022, pp. 1590–1599.
- 2 United Nations Children's Fund, *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. UNICEF Child Nutrition Report Series, 2022. UNICEF, New York, 2023.
- 3 World Obesity Federation, *Obesity: missing the 2025 global targets, Trends, Costs and Country Reports*, World Obesity Federation, London, March 2020.
- 4 Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, United Nations Children's Fund, World Food Programme and World Health Organization, *The State of Food Security and Nutrition in the World*, FAO, Rome, 2022.
- 5 Ibid.
- 6 United Nations Children's Fund, *Technical Guidance: Advancing Gender Equality for Optimal Nutrition in Adolescent Women and girls*, UNICEF, New York, September 2024.
- 7 Nutrition International, 'Cost of Inaction Tool', Nutrition International, 2024.

Approximately half of the global burden of child stunting begins between pregnancy and the first six months after birth, when children are dependent on their mother for nutrition.⁸ Underweight women and women who may also have inadequate weight gain during pregnancy are at increased risk of delivering a baby who is small for gestational age and thus, in turn, at higher risk of malnutrition.

Every year, maternal malnutrition contributes to 800,000 newborn deaths. Maternal malnutrition increases the risk of death from preeclampsia and postpartum haemorrhage.⁹ Maternal and newborn health services and family planning programmes can be critical entry points to advance nutritional outcomes and health outcomes for infants, women and girls.

Middle childhood and adolescence is the second window of physical, emotional and cognitive growth and a pivotal moment to enhance the nutritional health of girls and break the intergenerational cycle of malnutrition. Girls who are undernourished as infants are more likely to leave school earlier¹⁰ and earn less later on in life.¹¹ Conversely, well-nourished girls perform better educationally and are more likely to remain in school,¹² which reduces their chances of getting married and having children at a young age. This is important, as both early marriage and early pregnancy increase girls' risk of malnutrition,¹³ with consequences that can impair their lifetime earning potential, constrain their ability to participate fully in family and public life and transfer to the next generation.¹⁴ More than 12.5 million lives can be saved and more than 30 million unwanted pregnancies prevented by investing in the health and nutrition actions recommended in the United Nations Children's Fund (UNICEF) Adolescent Girls Programme Strategy 2022–2025.¹⁵ Prioritizing optimal nutrition for adolescents is also a long-term investment in a nation's future well-being. However, not enough focus is placed on the nutritional needs of adolescent girls, making them particularly vulnerable during a phase when the impacts of gender inequality intensify. Beyond their potential roles as future mothers, adolescent girls have the right to health and education that must be acknowledged, upheld and protected.¹⁶

Discrimination against women and girls often means that they eat later and less than male members of the family. This is particularly true when food is scarce, as is ever more common in a warming climate.¹⁷ Globally, in every region of the world, the prevalence of food insecurity is higher among women than among men.¹⁸ 126 million more women experienced food insecurity than men in 2021. In many contexts, women have lower decision-making power in their homes, are less likely to have access to resources (e.g., education, land, inputs, services, credit, markets, digital technology)¹⁹ and stable incomes. They are more likely to face time poverty²⁰ and they often experienced high physical levels of activity,²¹ both phenomenon amplified by to the disproportionate burden of unpaid care and domestic work, including childcare and household chores.²² In turn, women's and girls' limited access to a healthy diet (per nutrient requirements according to the life stage) and the burden they often carry to nourish the next generation, can powerfully and yet invisibly undermine gender equality.

8 United Nations Children's Fund, *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. UNICEF Child Nutrition Report Series, 2022. UNICEF, New York, 2023.

9 United States Agency for International Development, 'Maternal Nutrition', 2022, <https://www.usaid.gov/sites/default/files/2022-05/USAID_MaternalNutrition_FS_V4_508.pdf (12/2/2024)>, access 2 December 2024.

10 Soliman, A., et al., 'Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood', *Acta Biomed*, vol. 92, no.1, 2021.

11 Prado, E.L., and Dewey, K.G., 'Nutrition and Brain Development in Early Life', *Nutrition Reviews*, vol.72, no.4, 2014, pps. 267–84.

12 Waber, D.P., et al., 'Impaired IQ and Academic Skills in Adults Who Experienced Moderate to Severe Infantile Malnutrition: A Forty-Year Study', *Nutritional Neuroscience*, vol.17, no.2, 2015, pps. 58–64.

13 Ibid.

14 Wodon, Q. et al., *Missed Opportunities: The High Cost of Not Educating Girls*, World Bank, Washington, DC, 2018.

15 United Nations Children's Fund, *Building Back Equal with and for Adolescent Girls: A programme strategy for UNICEF 2022–2025*, UNICEF, New York, 2022.

16 Scaling Up Nutrition Movement, *Scaling Up Gender Equality and Women's and Girls' Empowerment to Fight Malnutrition: A Call to Action*, Accessed 11 Oct 2024, <<https://scalingupnutrition.org/sites/default/files/2021-12/SUN-A-call-to-action-Scaling-up-gender-equality-and-womens-and-girls-empowerment-to-fight-malnutrition-ENG.pdf>>.

17 CARE International, *COVID-19, Food & Nutrition Security, and Gender Equality*, Care International, 29 April 2020.

18 Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, United Nations Children's Fund, World Food Programme and World Health Organization, *The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms*, FAO, Rome, 2024.

19 FAO. 2024. Better life: Gender equality and women's empowerment at the Food and Agriculture Organization of the United Nations – 2022–2023 highlights. Rome. <https://doi.org/10.4060/cd0671en>

20 Hyde, E., Greene, M.E., & Darmstadt, G.L., 'Time Poverty: Obstacle to Women's Human Rights, Health and Sustainable Development', *Journal of Global Health*, vol.10, no.2, 2020.

21 Picchioni, F., et al. 'Gender, time-use, and energy expenditures in rural communities in India and Nepal', *World Development*, vol. 136, 2020, 105137.

22 Hyde, E., Greene, M.E., & Darmstadt, G.L., 'Time Poverty: Obstacle to Women's Human Rights, Health and Sustainable Development', *Journal of Global Health*, vol.10, no.2, 2020.

Women’s working conditions are likely to be worse than men’s, with higher engagement in low-skilled, labour-intensive jobs that are often irregular, informal and part-time.²³ Nearly half (46%) of rural agricultural employees in low- and middle-income countries are women – yet these women make up the majority of workers in more dangerous and vulnerable jobs and often at lower levels of the value chain. Women’s access to land, inputs, services, credit, markets and digital technology continues to lag behind that of men, which limits their ability to influence decisions about what food is produced at household level, what is sold versus what is consumed, what food is accessed or purchased and how it is distributed within the household.²⁴ It also limits women’s own access to and consumption of healthy food.^{25, 26}

Gender inequalities also restrict women’s and girls’ access to key nutrition and social protection services that would help address their unequal access to healthy diets at home. For instance, women in rural areas often face gender-related barriers to participate in and benefit equally from services such as cash transfers, which provide essential support for those most vulnerable to malnutrition.²⁷ These barriers may include unequal care burdens, illiteracy and limited access to information.²⁸

Existing undernutrition among women and girls is further exacerbated by poverty and by the contextual factors that drive or result from humanitarian crises, including exposure to violence, disruption of services, livelihoods and support, and increasing gender and other socioeconomic inequalities.²⁹

Increasing conflict and war situations affect all segments of the population, but women and children are disproportionately affected. The growing burden of climate change also underscores that, in times of crisis, women and girls bear the brunt of harm.³⁰ Female-headed households experience significant income losses relative to male-headed households when extreme weather events occur (e.g., a roughly 8% loss due to heat stress and 3% loss due to floods, every year).³¹

This vicious cycle of gender inequality and malnutrition cannot and need not continue. According to the 2024 World Bank investment framework for nutrition, “women-centered investments based on locally led adaptations are anticipated to enhance resilience and mitigation capacities, improve efficiency through better returns on investments, and ensure equitable distribution of the positive impacts.” It is estimated that investing in women’s nutrition could increase economic productivity in low- and middle-income countries by US\$110 billion for women and children, and the costs of not investing would lead to nearly 800,000 more child deaths and 7,000–14,000 more maternal deaths.³²

Integrating gender perspectives throughout other N4G thematic recommendations is crucial for achieving transformative and sustainable nutrition outcomes. Gender disparities, deeply rooted in societal norms and resource allocation, directly impact nutrition and health across populations. By embedding gender-responsive and transformative actions into commitment made independently of the thematic, commitments makers will ensure interventions are more inclusive, equitable and impactful. This involves addressing the specific needs of women and girls, involving them as agents of change, and tackling systemic barriers to nutrition equity. Such integration enhances accountability mechanisms, aligned with the Sustainable Development Goals (e.g., SDG 5), and ensure commitments resonate with and effectively address intersecting vulnerabilities at local, national and global levels.

²³ FAO. 2023. The status of women in agrifood systems. Rome.; <https://doi.org/10.4060/cc5343en>

²⁴ Kavle, J.A., and Landry, M., ‘Addressing Barriers to Maternal Nutrition in Low- and Middle-Income Countries: A Review of the Evidence and Programme Implications’, *Maternal & Child Nutrition*, vol. 14, no.1, 2018, e12508.

²⁵ Schmied, V. et al., *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 and UNICEF, 2018.

²⁶ Ibid.

²⁷ Glassman, A., et al., ‘Impact of Conditional Cash Transfers on Maternal and Newborn Health’, *Journal of Health and Population Nutrition*, vol. 31, no. 4, 2013, S48–S66.

²⁸ Food and Agriculture Organization of the United Nations, *FAO Technical Guide 1: Introduction to Gender-Sensitive Social Protection Programming to Combat Rural Poverty: Why Is It Important and What Does it Mean?* FAO, Rome, 2018.

²⁹ United Nations Children’s Fund, UNICEF Programme Guidance to Protect the Nutrition of Women and Adolescent Girls in Humanitarian Settings, UNICEF, New York, 2024.

³⁰ United Nations Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2019*, OCHA, 2019.

³¹ Food and Agriculture Organization of the United Nations, *The unjust climate – Measuring the impacts of climate change on rural poor, women and youth*, FAO, Rome, 2014.

³² Walters, D., et al., *An Investment Framework for Meeting the Global Nutrition Target for Anemia*, World Bank Group, Washington, DC., 2017.



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Opportunities for N4G Paris

The Nutrition for Growth (N4G) Summit 2025 offers a critical opportunity to spotlight the nutrition needs of women, girls and marginalized people by including, for the first time since the Summit's inception, a dedicated thematic area on nutrition and gender equality.

The Vision for N4G Paris recognizes the need to tackle all forms of malnutrition –overweight and obesity, as well as undernutrition and micronutrient deficiencies– through their direct determinants and root causes. Following the Government of France's desire to encourage all stakeholders to prepare additional commitments that address the multisectoral dimension of nutrition, the recommendations in this guide focus on actions to reach the World Health Assembly nutrition targets by 2030 while advancing gender equality goals.

The Commission on the Status of Women, March 2025, also marks the thirtieth anniversary of the Beijing Declaration and Platform for Action. Sustainable Development Goal (SDG) 5 on Gender Equality will also be under review at the High-Level Political Forum in July on 'Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals for leaving no one behind'. This is an opportunity to advance the integration of nutrition in gender policy processes and continue advocacy for gender-responsive and transformative, multisectoral, multi-stakeholder approaches across the life cycle, while ensuring coherence and alignment with the N4G nutrition and gender equality commitment-making processes.

The commitments herein aim to improve nutrition for all, especially for women and adolescent girls, by mainstreaming gender-responsive and transformative actions as a undergirding for sustainable advancement in the N4G core thematic areas: Nutrition, Health and Social Protection; Nutrition and Transition Towards Sustainable Food Systems and Climate; Nutrition and Resilience to Crisis, as well as an essential consideration across the other cross-cutting themes: Data, Research, Innovation and AI and Financing and Accountability for Nutrition.

These recommendations will close nutrition gaps as identified by the Nutrition Accountability Framework, the SDG 2 and SDG 5 reports, and other tracking frameworks, with a focus on women and girls. The following recommendations build on key findings and evidence from landmark reports published since the 2021 N4G Summit.³³

³³ Including, but not limited to: the Gender Nutrition Gap, UNICEF's *Undernourished and Overlooked* report, the 2022 *Global Nutrition report*, the 2023 *State of Food Security and Nutrition in the World*, the Gender Transformative Framework for Nutrition (GTNF) *Policy Research: Gender in the 2021 Nutrition for Growth Summit Commitments' Goals*, Committee on World Food Security *Voluntary Guidelines on Gender Equality and Women's and Girls' Empowerment in Food Security and Nutrition*, the Emergency Nutrition Network's *Women Nutrition Report*, Stronger Foundations' *Nourish Equality Guide* and UNICEF's *Programme Guidance to Protect the Nutrition of Women and Adolescent Girls in Humanitarian Settings*.



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Call to action

Gender equality should be central to all N4G commitments. All countries and development partners should make specific commitments to improve nutrition and gender equality in line with six cross-cutting principles:

- **Be targeted and inclusive, at minimum, and striving towards transformative action.**
 - **(i) Targeted** – Directly addressing the specific nutritional needs of women and girls at different stages of their lives, ensuring support is personalized and effective.
 - **(ii) Inclusive** – Engaging women and girls, especially those from marginalized or underserved communities, in the decision-making process, making sure programmes are tuned to their needs and experiences.
 - **(iii) Transformative** – Working to break down the systemic and structural barriers and increase women’s and girls’ agency, access and control over the social and economic resources that influence their nutrition outcomes.
- **Address the differing rights, needs and preferences of women and girls across the life cycle and consider malnutrition in all its forms, including underweight, micronutrient deficiencies, overweight, obesity and diet-related non-communicable diseases.** There are unique and critical periods – early childhood, adolescence, pregnancy and breastfeeding – where women’s and girls’ nutritional needs and their ability to influence their health and food choices are especially important for their longer-term nutrition and empowerment, and commitments should be targeted to address the gender barriers to meeting these unique needs.
- **Seek to tackle harmful gender norms and dynamics.** Achieving gender equality and ending malnutrition will only be possible by addressing the root causes of why societies, communities and families undervalue women’s and girls’ health and well-being. Commitments should adopt, wherever possible, a gender transformative approach, seeking to address discriminatory social norms, including taking action to ensure that boys and men are not only instrumental to women’s and

girls' empowerment and achieving gender equality in nutrition, but recognizing that they are also affected by malnutrition and poverty and face specific vulnerabilities and limitations based on their gendered roles.³⁴

- **Recognize the importance of a multisectoral, systems-change approach.** Gendered barriers to good nutrition are rooted in complex formal and informal systems that require a comprehensive approach. The role of women and adolescent girls as actors and decision-makers within systems must be considered when designing interventions. For example, the scaling up of WHO Essential Nutrition Actions in primary health care systems must consider challenges related to remuneration, working conditions, skills and enabling environments among the largely female frontline health workforce, in addition to their access to services as beneficiaries. Similarly, the resource, financing, technology needs of female farmers and entrepreneurs is essential in agrifood systems and climate transformation. Commitments should ideally layer interventions for communities facing multiple intersecting vulnerabilities. Approaches should be context-specific and informed by thorough gender analyses of the main barriers at the national and subnational level.
- **Address the present and growing threats of climate change, centering women and girls in climate adaptation and mitigation strategies.** Women and girls are disproportionately affected by climate change, increasing their vulnerability to malnutrition. Commitments should recognize the impacts of climate on women's and girls' health, nutrition, well-being and broader rights.
- **Close gender and age data and evidence gaps.** There is a significant lack of investment in the collection and disaggregation of good quality gender and age-disaggregated data. While children under 5 and women of reproductive age are often captured, there is a stark data gap between the ages of 5 and 15 years, and a lack of disaggregation for adolescent girls versus adult women. As a result, policies and financing cannot be fully targeted to the realities of women and girls. Commitments should clearly target and report with age- and gender-disaggregated data in both impact and financial flows. Moreover, other intersecting vulnerabilities, such as race, ethnicity, socioeconomic status, urban versus rural should also be reflected in nutrition data. Data collection/survey instruments must also include the views of women and adolescent girls as well as those of men and adolescent boys, and data analysis should reflect the needs and priorities of both women and men at the global SDG level, and at the national and subnational level.

³⁴ Scaling Up Nutrition Movement, *A Call to Action: Scaling Up Gender Equality And Women's And Girls' Empowerment To Fight Malnutrition*, SUN Movement, 2020.

Examples of commitments

| Gender and nutrition | | | |
|---|--|--|--|
| Context | Gender consideration / evidence of impact | Example | Main stakeholder |
| Improve coverage and reduce inequities of health and nutrition service delivery, including prenatal nutrition and choice to breastfeed | | | |
| National | <p>Targeting: Equitable access to essential health and nutrition services across the life cycle</p> <p>Evidence of need:</p> <ul style="list-style-type: none"> → 800,000 newborn deaths annually are caused by maternal malnutrition. Maternal malnutrition increases the risk of death from preeclampsia and postpartum haemorrhage.³⁵ → Low birthweight results in yearly losses of US\$344 billion. | <p>Health system</p> <p>By [date], the Government of [Country] will commit to scaling up the adoption of the WHO guidelines to integrate/ strengthen essential nutrition actions into antenatal services, which include nutrition counselling, iron and folic acid or multiple micronutrient supplementation, balanced energy and protein dietary supplementation in undernourished populations, and calcium supplementation where indicated.</p> | Government |
| | | <p>Health system</p> <p>By [date], [relevant stakeholders] will commit to integrating nutrition interventions into maternal and newborn health and family planning interventions, at different levels of health systems, with a view to reduce maternal and neonatal mortality and improve health and nutrition outcomes.</p> | United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Health Organization (WHO), World Food Programme (WFP) and other relevant organizations. |
| National | <p>Targeting: Health and nutritional requirements of adolescent girls</p> <p>Evidence of need:</p> <ul style="list-style-type: none"> → As of 2019, an estimated 21 million pregnancies occurred annually among adolescents aged 15-19 in low- and middle-income countries. → Adolescent pregnancy rates remain high across the developing world, with nearly one in three young women aged 20 to 24 years having given birth in adolescence.³⁶ <p>Evidence of impact:</p> <ul style="list-style-type: none"> → More than 12.5 million lives can be saved and more than 30 million unwanted pregnancies prevented by investing in health and nutrition actions recommended in the UNICEF Adolescent Girls Programme Strategy. | <p>Health system</p> <p>By [date], the Government of [Country] will commit to increasing access to adolescent responsive nutrition and health services for adolescents including sexual, reproductive and maternal health and nutrition services.</p> | Government |
| | | <p>Education</p> <p>By [date], the Government of [Country] will commit to reviewing and revising relevant national educational policies and curricula with a view to integrating nutritional guidelines in schools.</p> | Government |
| | | <p>Education</p> <p>By [date], the Government of [Country] will commit to integrating nutrition education into existing comprehensive sexuality education programmes for adolescents in and out of school or any other education curricula.</p> | Government |
| National | <p>Empowering: Creating enabling conditions for women to be able to breastfeed in accordance with International Labour Organization (ILO) standards</p> <p>Evidence of impact:</p> <ul style="list-style-type: none"> → Suboptimal breastfeeding in children results in yearly income losses of US\$507 billion. → Breastfeeding is one of the most cost-effective solutions to child malnutrition at an economic return of US\$35 for every dollar invested.³⁷ | <p>Social protection</p> <p>By [date], the Government of [Country] will commit to complying with relevant ILO conventions and recommendations regarding maternity protection for women workers, especially with regards to the provision of maternity leave, amount of maternity leave, compensation and benefits, breastfeeding breaks and facilities, as outlined in ILO Convention No. 183 and Recommendation 191.</p> | Government |

³⁵ United States Agency for International Development, 'Maternal Nutrition', 2022, <See: https://www.usaid.gov/sites/default/files/2022-05/USAID_MaternalNutrition_FS_V4_508.pdf>, accessed 2 December 2024.

³⁶ United Nations Population Fund, *State of the World Population Report 2024*, UNFPA, New York, 2024.

³⁷ Walters, D., et al., 'Reaching the Global Target for Breastfeeding' In M. Shekar, Kakietek, J., Walters, D., Dayton Eberwein, J. (Eds.), *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*, World Bank Group, Washington, DC, 2017.

| Context | Gender consideration / evidence of impact | Example | Main stakeholder |
|---|--|--|--|
| Global | Targeting: The nutritional needs of women and girls in humanitarian contexts, in conjunction with addressing sexual and reproductive health and gender-based violence | Resilience By [date], relevant stakeholders commit to coordinate and synergize nutrition, sexual and reproductive health and gender-based violence responses in development and humanitarian contexts. | UNICEF, UNFPA, WHO, WFP and other relevant organizations |
| National | Targeting: Frontline workers to train them in maternal nutrition Inclusion: Acknowledging that the bulk of frontline health workers are women | Health system By [date], support the integration of maternal nutrition modules into the existing national continuing education programme and/or in-service training for frontline health workers (facility- and community-based) to enhance their capacity to provide nutrition-related interventions for women. | Government, INGOs, CSOs |
| Accelerate multisectoral action on anaemia | | | |
| Global | Targeting: Micronutrient intake across the life cycle Evidence of need: → The most common and commonly recognized cause is iron deficiency, which is estimated to contribute to anywhere from about 10% to over 60% of anaemia cases. ³⁸ → 586,382,618 new cases of anaemia among adolescent girls and women (aged 15-49 years) each year. | Health and food systems By [date], [funding or donor organization] has increased [by XX%] funding to improve micronutrient intake, including behaviour change communication, micronutrient supplementation, large-scale food fortification (as recommended by the “WHO, Accelerating anaemia reduction: a comprehensive framework for action”) | Donor, government |
| National | → 103,301,467 new cases of anaemia among adolescent girls (aged 15-19 years) each year. → 20% of all maternal deaths associated with anaemia. → 19% of preterm births caused by maternal anaemia. | Education By [date], increased integration of anaemia reduction programmes and policies in education, including leveraging school-based programmes and adolescent girls’ clubs to reach girls in and out of school with iron supplementation and nutrition education (as recommended by the “WHO Guideline: implementing effective actions for improving adolescent nutrition”). | Government, international actors, civil society |
| Enable women’s role in food systems transformation | | | |
| National | Targeting: Nutritious and adequate food for women, girls and other marginalized groups that meet their dietary needs across the life cycle Evidence of need: The prevalence of food insecurity has remained consistently higher among women than among men, globally and in all regions, since data first became available in 2015. ³⁹ | Food systems By [date], the Government of [Country] will commit to designing, reviewing or adapting gender-responsive programmes that facilitate provision among women and girls of nutritious and adequate food in the context of national food security (Cf: the CFS Voluntary Guidelines on GEWGE, 39(iii)). | Government |
| National | | Social protection / resilience By [date], review and revise existing social registries and targeting methodologies to ensure XX% more women, adolescent girls and children in need and crisis affected populations are reflected and prioritized into national social protection / food distribution programmes. | Government |
| National | | Social protection / education By [date], adopt and implement gender-responsive nutrition standards and education for national school meal programmes, with a particular focus on girls. | Government, international actors, civil society |

³⁸ World Health Organization, *Accelerating anaemia reduction: a comprehensive framework for action*, WHO, Geneva, 2023.

³⁹ Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, United Nations Children’s Fund, World Food Programme and World Health Organization, *The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms*, FAO, Rome, 2024.

| Context | Gender consideration / evidence of impact | Example | Main stakeholder |
|-------------|---|--|---|
| National | <p>Inclusion: Acknowledging women’s role as key actors and decision-makers in food systems transformation and climate</p> <p>Evidence of need:⁴⁰</p> <ul style="list-style-type: none"> → Globally, almost 40% of agricultural labour is performed by women, yet their productivity is lower than men and their benefits are fewer. → 66% of women in sub-Saharan Africa and 71% of women in Southern Asia work in agrifood systems. → 7% of agricultural extension resources target women. <p>Evidence of impact</p> <ul style="list-style-type: none"> → Closing gaps in farm productivity and pay in agrifood system employment would increase global gross domestic product by nearly US\$1 trillion and reduce global food insecurity by about 2 percentage points (roughly 45 million people).⁴¹ | <p>Food systems</p> <p>By [date], the Government of [Country] will review or adopt specific public policies, programmes and strategies to increase women’s access to farm and non-farm employment and to entrepreneurship opportunities and farm ownership in the agriculture sector (Cf: the CFS Voluntary Guidelines on GEWGE, 51(iii)).</p> | Government |
| Subnational | | <p>Food systems / climate</p> <p>By [date], increase access to training, time-saving technologies, extension services and/ or other resources to improve nutrition-sensitive climate-smart agricultural practices among smallholder farmers, aquaculture and fisheries producers, targeting women producers.</p> | Government, international actors, civil society |
| Global | | <p>Food system</p> <p>By [date], increase meaningful participation, leadership and decision-making of women’s and girls’ organizations, including Indigenous peoples, in the process of policy design, implementation, oversight and programmatic decisions for food systems transformation and climate, as applicable (Cf; The CFS Voluntary Guidelines on GEWGE, 44 and 45).</p> | International actors, civil society, Government |
| National | <p>Empowerment: Making quality childcare accessible</p> <p>Evidence of need:⁴²</p> <ul style="list-style-type: none"> → 40% of children under 5 have unmet childcare needs globally. → 606 million women were either unavailable for or not seeking employment due to unpaid care work in 2018. <p>Evidence of impact:</p> <ul style="list-style-type: none"> → 43 million jobs could be created by expanding the childcare workforce to meet current needs.⁴³ | <p>Social protection</p> <p>By [date], the Government of [Country] will increase employer-supported childcare and improve retention, productivity and the diversification of workers, especially in male-dominated sectors.</p> <p>OR</p> <p>By [date], the Government of [Country] will conduct research to trial different models of childcare for schools and businesses in low and middle income countries (e.g., by funding feasibility studies for businesses interested in providing childcare and providing capital costs to set up onsite crèches and/or to subsidize the cost of nutritious meals to help businesses make the first steps towards providing workplace-based, family-friendly services).</p> | Government |

40 Food and Agriculture Organization of the United Nations, *Status of Women in Agrifood Systems*, FAO, Rome, 2023.

41 Ibid.

42 Brix, H., et al., ‘Expanding access to childcare helps women, children, and economies’, World Bank Group, 2022, <<https://blogs.worldbank.org/en/education/expanding-access-childcare-helps-women-children-and-economies>>, accessed 11 February 2025.

43 Ibid.

| Context | Gender consideration / evidence of impact | Example | Main stakeholder |
|--|---|--|---|
| Global | <p>Empowerment: Increasing women’s and girls’ agency, ownership over resources and economic empowerment in the context of food systems transformation and climate</p> <p>Evidence of need:</p> <ul style="list-style-type: none"> → Women entrepreneurs continue to face greater difficulties in accessing finance to start a business than men due to a range of supply-side issues (e.g., financial products and services that are not suitable for the types of businesses led by women, unconscious bias among lenders and investors) and demand-side factors (e.g., lower levels of financial literacy).⁴⁴ → Legal protections for women’s land rights are low in 34 out of 68 countries that have reported on SDG indicator 5.a.2.⁴⁵ → The percentage of men who have ownership or secure tenure rights over agricultural land is twice that of women in more than 40% of the countries that have reported on women’s land ownership. <p>Evidence of impact</p> <ul style="list-style-type: none"> → If half of small-scale producers benefited from development interventions that focused on empowering women, it would significantly raise the incomes of an additional 58 million people and increase the resilience of an additional 235 million people.⁴⁶ | <p>Finance / food systems</p> <p>By [date], increase funding for women’s access to finance by \$XX (e.g., through providing access to micro-credit and savings groups, investing in financial products and services designed specifically for women and their businesses).</p> | Government, donors, international actors, civil society |
| National | | <p>Food systems</p> <p>By [date] the Government of [Country] will commit to reviewing national legislations and policies to ensure women’s equal tenure rights and promote equal access to and control over productive land (Cf: CFS Voluntary Guidelines on Food Systems and Nutrition 3.6.2 (b)).</p> | Government |
| Close gender data and evidence gaps | | | |
| Global | <p>Targeting: Collection of sex and age-disaggregated data</p> <p>Evidence of need:</p> <ul style="list-style-type: none"> → 55% decrease in donor investment in gender data in 2020. → 49% of data needed to monitor gender equality SDGs are missing globally. → 80% of data needed for gender-environment SDGs is unavailable. | <p>By [date], the Government of [Country] will commit to expanding the collection of sex- and age-disaggregated data, including on diet quality, micronutrient status, coverage and adequacy of nutrition interventions, and aggregated further on income levels and locality.</p> | Government |
| | | <p>By [date], [donor or other relevant stakeholder] will invest in a global nutrition financing tracking system that improves coordination, resource mobilization and resource allocation to regularly track progress on commitments.</p> | Donors, International Financial Institutions |

⁴⁴ Organisation for Economic Co-operation and Development, *Joining Forces for Gender Equality: Addressing gender disparities in access to finance for business creation*, OECD, 2023.

⁴⁵ Food and Agriculture Organization of the United Nations, *Status of Women in Agrifood Systems*, FAO, Rome, 2023.

⁴⁶ Ibid.

ANNEX 1: ADDITIONAL INPUTS FOR THE FORMULATION OF GENDER-SENSITIVE AND EVIDENCE-BASED COMMITMENTS

| Commitment formulation | Evidence of impact | Specific action(s) |
|--|--|--|
| <p>Improve coverage and reduce inequities of health and nutrition service delivery for women and girls, including prenatal nutrition and sexual and reproductive health</p> | <ul style="list-style-type: none"> → 1 billion women and adolescent girls suffer from undernutrition and micronutrient deficiencies. → 800 women die per day from preventable causes related to pregnancy and childbirth. → 800,000 newborn deaths annually are caused by maternal malnutrition. → Low birthweight results in yearly losses of US\$344 billion. → More than 12.5 million lives can be saved and more than 30 million unwanted pregnancies prevented by investing in health and nutrition actions recommended in the UNICEF Adolescent Girls Programme Strategy. → Maternal morbidity and mortality associated with malnutrition are disproportionately high in lower- and middle-income countries. | <ul style="list-style-type: none"> → Scale up the adoption of the WHO guidelines to integrate essential nutrition actions into antenatal services, which include nutrition counselling, iron and folic acid or multiple micronutrient supplementation, balanced energy and protein dietary supplementation in undernourished populations, and calcium supplementation, where indicated. → Scale up delivery of preconception nutrition services, such as weekly iron and folic acid supplementation for adolescent girls, increase access to sexual and productive health services for adolescents, and provide youth-friendly antenatal and postnatal care services for adolescent girls who do become pregnant. → Revise nutrition and health policies to include nutrition counselling in schools and adolescent health clinics. → Strengthen the community health workforce (predominantly female workforce) to deliver nutrition services to areas beyond the reach of health systems. → Identify and address the barriers to access to health care: financial barriers, cost of care, availability of care in rural areas, gender inequality, burden of cultural and gender norms and beliefs that prevent women from seeking care. → Invest in girls' cognitive development through nutrition early in life, including nutrition support for undernourished women during pregnancy, breastfeeding, nurturing care counselling, vitamin A supplementation, timely introduction of quality complementary foods, access to specialized nutritious foods where necessary, and dietary diversity counselling with timely introduction of quality foods, all of which improve the likelihood of girls completing and excelling in school. → Establish maternity protection systems (e.g., maternity leave both in the formal and informal sector). |
| <p>Accelerate multisectoral action on anaemia</p> | <p>Each year, there are:</p> <ul style="list-style-type: none"> → 586,382,618 new cases of anaemia among adolescent girls and women (aged 15-49 years). → 103,301,467 new cases of anaemia among adolescent girls (aged 15-19 years). → 18,438,564 new cases of anaemia among pregnant women and adolescent girls (aged 15-49 years). → 20% of all maternal deaths are associated with anaemia. → 19% of preterm births are caused by maternal anaemia. → The global economic cost of anaemia among women and adolescent girls aged 15-49 is US\$113 billion per year. | <p>Diagnose the specific causes of anaemia in a region and work across sectors to implement solutions that address those causes, including:</p> <ul style="list-style-type: none"> → Improving micronutrient intake, such as through behaviour change communication, multiple micronutrient supplementation and large-scale food fortification. → Leveraging school-based programmes and adolescent girls' clubs to reach girls in and out of school with iron supplementation and nutrition supplementation. → Preventing, diagnosing and treating HIV, tuberculosis, and parasitic infections (such as malaria, soil-transmitted helminths and schistosomiasis). → Preventing and treating prenatal and postpartum haemorrhage, reducing unnecessary caesarean sections and delaying umbilical cord clamping after childbirth. → Join the Anaemia Action Alliance, a coalition supporting implementation of WHO's 'Accelerating Anaemia Reduction: A Comprehensive Framework for Action'. |

| Commitment formulation | Evidence of impact | Specific action(s) |
|---|--|---|
| Support women's choice to breastfeed | <ul style="list-style-type: none"> → Suboptimal breastfeeding in children results in yearly income losses of US\$507 billion.⁴⁷ → Globally, around 23.3 billion litres of breastmilk are produced by mothers annually. Yet this remarkably productive activity, which comes at the expense of women's time and care work, is often invisible to policy decision-makers. → Breastfeeding is one of the most cost-effective solutions to child malnutrition, with an economic return of US\$35 for every dollar invested.⁴⁸ | <ul style="list-style-type: none"> → Adopt a package of measures to support women and girls who choose to breastfeed, such as adequate paid parental leave, maternity protection policies, breastfeeding breaks and a dedicated place to breastfeed or extract milk in the workplace. → Scale up health facility-based programmes, such as the Baby-Friendly Hospital Initiative or community-based breastfeeding counselling programmes supported by community health care professionals, especially those that promote greater male engagement and reduce the care burden for mothers. → Incorporate the International Code of Marketing of Breast-milk Substitutes into national laws and regulations and enforce it. → For the informal sector for women working in agrifood systems, support specific measures to improve breastfeeding (e.g., through social protection schemes). → Support women who cannot or choose not to breastfeed with the resources necessary to ensure safe bottle-feeding. |
| Make quality childcare accessible | <ul style="list-style-type: none"> → 40% of children under 5 have unmet childcare needs globally. → 606 million women were either unavailable for or not seeking employment due to unpaid care work in 2018. → 43 million jobs could be created by expanding the childcare workforce to meet current needs. | <ul style="list-style-type: none"> → Strengthen employer-supported childcare, which has been shown to deliver numerous benefits, including improved retention, productivity and the diversification of workers, especially in male-dominated sectors. → Support research to trial different models of childcare for schools and businesses in low and middle income countries (e.g., by funding feasibility studies for businesses interested in providing childcare and providing capital costs to set up onsite crèches and/or to subsidize the cost of nutritious meals to help businesses make the first steps towards providing workplace-based, family- friendly services). → Set policies and strategies for getting adolescent mothers back in school. |

⁴⁷ World Health Organization, 'Women and Labour: A nutritional perspective', A side-event for the 61st session of the Commission on the Status of Women, 20 March 2017, <<https://www.who.int/news-room/events/detail/2017/03/20/default-calendar/women-and-labour-a-nutritional-perspective>>.

⁴⁸ Walters, D., et al., 'Reaching the Global Target for Breastfeeding', In M. Shekar, Kakietek, J., Walters, D., Dayton Eberwein, J. (Eds.), *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*, World Bank Group, Washington, DC, 2017.

| Commitment formulation | Evidence of impact | Specific action(s) |
|---|---|--|
| <p>Provide gender-responsive social protection</p> | <ul style="list-style-type: none"> → Social protection (in the form of cash transfers) can make women 1.7 times as likely to attend prenatal care and girls 12% less likely to drop out of school. → Only 21% of the poorest women receive social transfers in low-income countries, compared with 73% in high-income countries. → 56% of countries have a social protection policy that includes nutrition components, and 31% target pregnant or breastfeeding women, despite the considerable economic challenges that women face in accessing nutritious diets. → The 2024 Investment Framework for Nutrition established maternity leave as a nutrition intervention associated with increased breastfeeding duration and increased probability of exclusive breastfeeding. And, for women employed in the informal sector who are commonly excluded from such benefits, a maternity cash transfer may be a feasible strategy, with costs representing less than 0.08% of gross domestic product.⁴⁹ | <ul style="list-style-type: none"> → Integrating gender perspectives into all nutrition working group commitment guides is crucial for achieving transformative and sustainable nutrition outcomes. Gender disparities, deeply rooted in societal norms and resource allocation, directly impact nutrition and health across populations. By embedding gender-responsive and transformative actions into commitment guides, working groups can ensure interventions are inclusive, equitable and impactful. This involves addressing the specific needs of women and girls, involving them as agents of change, and tackling systemic barriers to nutrition equity. Such integration enhances accountability mechanisms, aligned with the Sustainable Development Goals (e.g. SDG 5) and ensures commitments resonate with and effectively address intersecting vulnerabilities at local, national and global levels. → In social assistance, consult women in affected populations and develop guidelines for designing cash transfers, in-kind transfers and public work programmes that respond to their expressed needs. → In social insurance, adopt maternity leave, child support, unemployment, pension, disability and disaster policies, integrating nutrition for women and girls whether in paid or unpaid employment. → In labour markets, 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. → Build synergies between nutrition and social protection across evidence, policies and programmes, implementation capacities and monitoring – including investments in physical infrastructure and new skills and capacities for community-based workers delivering programmes. → Establish maternity cash transfer programmes for women employed in the informal sector. |
| <p>Address violence against women and girls (VAWG)</p> | <ul style="list-style-type: none"> → 30% of women globally have been subjected to violence, predominantly perpetrated by an intimate partner. → Women and girls are two times more likely to experience VAWG if they are food insecure. → The estimated global cost of VAWG is US\$1.5 trillion (or 2% of global gross domestic product). → Gender-based violence impedes productivity, well-being and health, with impacts on nutrition. | <ul style="list-style-type: none"> → Integrate interventions to prevent Violence Against Women and Girls (VAWG) into nutrition and maternal, newborn and child health programming (e.g., by training community health workers linking women and girls to support services and introducing concepts of food insecurity and inter-linkages with VAWG concepts and actions). → Integrate nutrition into VAWG programming (e.g., by introducing concepts of food insecurity and VAWG which can help to recognize and address the harmful impacts of VAWG on nutrition outcomes). → Fill evidence gaps on the connection between VAWG and nutrition (e.g., exploring the links between VAWG on disordered eating in adolescence and adulthood) to help design programmes that more effectively respond to the needs of survivors of violence. → Scale nutrition and parenting programmes that also transform gender norms and power relations. |

⁴⁹ Shekar, M., et al., *Investment Framework for Nutrition 2024. Human Development Perspectives series*, World Bank, Washington, DC, 2024.

| Commitment formulation | Evidence of impact | Specific action(s) |
|---|--|---|
| Promote girls' education | <ul style="list-style-type: none"> → Among adolescents aged 14-17 years in West Asia, 23% more boys attend schools than girls. → If all girls received 12 years of education there would be a 59% reduction in early births. → In 2022, there was a US\$53 million reduction in international investments in school feeding. → There is a return of investment of US\$9 for every US\$1 invested in school feeding programmes. → 4 million jobs were created directly by school meal programmes, mostly for women. → Educated mothers are less likely to have malnourished children. | <ul style="list-style-type: none"> → Develop policies and programmes that keep girls in school and promote transition to secondary school, including tuition incentives for girls, school meals programmes, nutrition education, menstruation programmes and improved water, sanitation and hygiene infrastructure in schools and communities. → Create healthy school food environments – enforcing nutritional standards for school meals; subsidizing nutritious foods; restricting the sale and advertising of processed foods; and encouraging engagement with the local community, including parents and farmers.⁵⁰ → Scale school meal programmes that provide nutritious and sustainably sourced meals, including through joining the School Meals Coalition. → Strengthen gender transformative education programming through co-delivery with school feeding programmes. → For the 49% of girls who are not in school, promote policies that encourage re-entry and skills-building opportunities for transitioning to the workforce. |
| Foster women's economic empowerment | <ul style="list-style-type: none"> → 76.2% of unpaid care work is performed by women globally, a key barrier to women's paid employment. → US\$160.2 trillion in human capital wealth is lost due to gender inequalities. → Women's improved access to finance would create a US\$28 trillion boost to global economic output. | <ul style="list-style-type: none"> → Close gendered wage and productivity gaps (e.g., by addressing women's unpaid care burden; increasing economic inclusion; changing discriminatory social norms; increasing women's access to and rights over land, property and critical inputs; and closing the digital divide). → Increase women's access to finance (e.g., through providing access to micro-credit and savings groups, investing in financial products and services designed specifically for women and their businesses and advocating for women's equal rights to land or inheritance). → Scale up integration of health and nutrition interventions in the workplace for women, including breastfeeding support, access to safe and nutritious foods during working hours, employer-provided health checks and counselling, and promotion of healthy diets. → Increase budget allocations for social protection programmes for women and girls to recognize the value of unpaid work, support incomes and household nutrition, promote women's economic inclusion and recognize women's and girls' contributions outside of paid labour markets. → Support upward mobility and paid work for women in the care economy (e.g., health care, nutrition and social protection systems). |
| Enable women's role in climate-smart agriculture | <ul style="list-style-type: none"> → 40% of agricultural labour, globally, is performed by women yet women have lower productivity and fewer benefits. → 66% of women in sub-Saharan Africa and 71% of women in Southern Asia work in agrifood systems. → 7% of agricultural extension resources target women. → Closing gaps in farm productivity and pay in agrifood system employment would increase global gross domestic product by nearly US\$1 trillion and reduce global food insecurity by about 2 percentage points (roughly 45 million people).⁵¹ | <ul style="list-style-type: none"> → Promote gender and climate policies and support programmes that centre women as agents of change in climate mitigation and adaptation. → Invest in robust seed systems and value chains for "opportunity crops," which present a path to more equitable resource distribution for smallholders, who are often women. → Adopt the Global Food Systems 50/50 accountability framework to monitor progress and hold food systems organizations accountable for achieving gender equality in leadership. |

⁵⁰ Hargreaves, D., et al., 'Strategies and interventions for healthy adolescent growth, nutrition, and development', The Lancet Series, Adolescent Nutrition, Volume 399, Issue 10320, 2022, pps. 198-210.

⁵¹ Food and Agriculture Organization of the United Nations, *Status of Women in Agrifood Systems*, FAO, Rome, 2023.

| Commitment formulation | Evidence of impact | Specific action(s) |
|--|--|--|
| Close gender data and evidence gaps | <ul style="list-style-type: none"> → A 55% decrease in donor investment in gender data was seen in 2020, after a decade of little to no growth – a near threefold drop in funds. → 49% of the data needed to monitor the gender equality dimensions of the SDGs are missing globally.⁵² → 80% of the data needed to measure gender-environment related SDGs are unavailable. | <ul style="list-style-type: none"> → Expand the collection of sex- and age-disaggregated data, including on diet quality, micronutrient status, coverage and adequacy of nutrition interventions, and aggregated further on income levels and locality. → Foster greater alignment within the nutrition and gender equality communities [name the communities at national level] on the indicators that are consistently measured. → Invest in a global nutrition financing tracking system that improves coordination, resource mobilization and resource allocation to regularly track progress on commitments. |
| Bridge the gender technology gap | <ul style="list-style-type: none"> → There is a 19% gender gap in mobile internet usage, and closing this gap in low- and middle-income countries is expected to increase GDP by US\$700 billion in five years. | <ul style="list-style-type: none"> → Ensure digital agricultural platforms and products are designed for women and made affordable and accessible by women. → Scale community-based initiatives that overcome physical and normative barriers to information and communication technologies faced by women and girls. → Support women’s access to and full utilization of mobile phones and the internet. |

⁵² UN Women, 2022 Annual Report: Making Every Woman and Girl Count Phase II - Consolidating Gains, Expanding Reach, UN Women, New York, 2022.

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