

Recommendations for Developing Commitments on Nutrition, Health and Social Protection



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Background

Strong, resilient and shock-responsive health and social protection systems are crucial to address and prevent malnutrition in all its forms, including undernutrition, micronutrient deficiencies and the rising burden of overweight, obesity and diet-related non-communicable diseases (NCDs). When adequately designed and resourced, health and social protection systems can provide complementary services to address direct, underlying and root causes of malnutrition, especially during the crucial first 1,000 days from conception to age 2 years.

Health systems offer essential services, such as pre- and neonatal care, prevention and treatment of nutrition-related conditions, and other critical health interventions related to nutrition. Social protection systems, through social assistance (including cash-based and in-kind transfers, as well as school feeding programmes), social insurance, social care services, and labour market policies, can increase access to healthy diets and enhance uptake of health and nutrition services, while reducing poverty. This integrated approach is essential for upholding the human rights to adequate food and the highest attainable standard of health. It ensures that everyone has access to safe and nutritious food and appropriate health services, without facing discrimination or financial hardship.¹

Scaling up the WHO Essential Nutrition Actions² in health systems, and those highlighted by the World Bank as high impact nutrition interventions³ (e.g., counselling on breastfeeding practices and complementary feeding, iron and iron-folic supplementation, cash transfers, vouchers and maternity leave), can save lives and promote health and well-being, especially in low- and middle-income countries. The World Bank 2024 nutrition investment framework projects that scaling up nutrition interventions could prevent 6.2 million child deaths and 980,000 stillbirths over the next decade and generate US\$2.4 trillion in economic benefits. Every dollar invested in addressing undernutrition yields a US\$23 return,



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- 1 World Health Organization, United Nations Children's Fund and World Bank Group, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, 2018, <<https://www.who.int/publications/i/item/9789241514064>>.
- 2 World Health Organization, *Essential nutrition actions: mainstreaming nutrition through the life-course*, World Health Organization, Geneva, 2019, <<https://www.who.int/publications/i/item/9789241515856>>.
- 3 World Bank, *Investment Framework for Nutrition 2024. Human Development Perspectives Overview booklet*, World Bank, Washington, DC, 2024, <<http://hdl.handle.net/10986/42164>>.

far outweighing the US\$41 trillion cost of inaction over the same period.⁴ Evidence shows that social protection programmes and policies can have significant positive impact on nutrition outcomes when the benefits are received by women⁵ and when combined with interventions such as provision of nutritious specially formulated foods,⁶ behavioural change communication around child feeding, care and hygiene practices, as well as promoting the use of local health services.⁷ ⁸ Nutritious and diverse school meals can improve the macro- and micronutrient adequacy of a child's diet, including through fortified foods. For example,, a study in Uganda reported a reduction of anaemia in girls of 20 percent.⁹

However, in 2021, more than half of the world's population (4.5 billion people) lacked access to essential health services, leaving them vulnerable to diseases and disasters. Populations facing marginalization or nutritional vulnerability, including women, adolescents, girls and young children, those living in poverty, displaced individuals, older adults, and people with disabilities, suffer the most.¹⁰ To maximize the impact of the health system in improving nutrition, health services need to be strengthened with a focus on inclusiveness and improvements in access, coverage, quality, efficiency and resilience to shocks and crises. There are also persistent challenges in integrating nutrition services into health systems. Although many countries have higher education institutions that offer training for nutritionists or dieticians, the global density of nutrition professionals is only 2.3 per population of 100,000 people.¹¹ Most countries train health professionals in maternal, infant and young child feeding, but the number of hours in the curricula are generally insufficient to have a significant impact.¹² Furthermore, the coverage of nutrition interventions delivered through the health system lags behind that of traditional health services.¹³

While over half of the world's population (52.4%) is now covered by at least one social protection benefit, and approximately 41% of school children benefit from school meals, a staggering 3.8 billion people worldwide remain without any social protection coverage. Coverage is particularly low in low-income countries, where the needs are highest, especially in fragile and conflict contexts. There are persistent inequalities in access to social protection, with many of those excluded belonging to marginalized or nutritionally vulnerable groups, such as women and children.¹⁴ When adequately designed, social protection can play a vital role in protecting against covariate shocks, including climate-related shocks, conflicts or economic shifts. However, most social protection systems are not adaptable to such shocks.¹⁵ Moreover, social protection systems are not systematically designed and leveraged as platforms for improving nutrition and access to healthy diets. For example, during the COVID-19 pandemic, only around 8% of the social protection measures announced were aimed at addressing food insecurity and malnutrition.¹⁶

While health and social protection systems are vital in addressing malnutrition, it is crucial to recognize that eradicating malnutrition and making progress towards the Global Nutrition Targets and the Sustainable Development Goals (SDGs) requires an integrated and holistic response, across multiple systems. This involves many sectors, systems and stakeholders beyond health and social protection.

4 Ibid.

5 Armand, A., et al., 'The Effect of Gender-Targeted Conditional Cash Transfers on Household Expenditures: Evidence from a Randomized Experiment', *The Economic Journal*, 2020, vol. 130, no. 631, pps. 1875-1897.

6 Briaux, J., et al., 'Evaluation of an unconditional cash transfer program targeting children's first-1,000-days linear growth in rural Togo: A cluster-randomized controlled trial', *PLOS Medicine*, vol. 17, no. 11, 2020, pp. e1003388.

7 Armand, A., et al., 'The Effect of Gender-Targeted Conditional Cash Transfers on Household Expenditures: Evidence from a Randomized Experiment', *The Economic Journal*, 2020, vol. 130, no. 631, pps. 1875-1897.

8 Ahmed, A., J. Hoddinott, and S. Roy, 'Food Transfers, Cash Transfers, Behavior Change Communication and Child Nutrition: Evidence from Bangladesh', *The World Bank Economic Review*, 2024.

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10 World Health Organization, International Bank for Reconstruction and Development/The World Bank, *Tracking Universal Health Coverage: 2023 Global monitoring report*, 2023, <<https://www.who.int/publications/i/item/9789240080379>>.

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13 Development Initiatives, *2020 Global Nutrition Report: Action on equity to end malnutrition*. 2020, Development Initiatives, Bristol, United Kingdom, 2020, <<https://globalnutritionreport.org/reports/2020-global-nutrition-report/>>.

14 World Food Programme, *The State of School Feeding Worldwide 2022*, WFP, 2023, <<https://www.wfp.org/publications/state-school-feeding-worldwide-2022>>.

15 Tebaldi, R., *Building Shock-Responsive National Social Protection Systems in the Middle East and North Africa (MENA) Region*. 2019, International Policy Centre for Inclusive Growth and UNICEF Middle East and North Africa Regional Office, Brasilia and Amman, 2019.

16 International Labour Organization, *Social Protection Responses to COVID-19 Crisis around the World*, 2021, <<https://www.social-protection.org/gimi/ShowWiki.action?id=3417>>.

Opportunities for N4G Paris

Ten years after the adoption of the Rome Declaration on Nutrition and as the UN Decade of Action on Nutrition (2016–2025) draws to a close, the 2025 Nutrition for Growth (N4G) Summit presents a pivotal opportunity for reassessing what remains relevant and identifying areas that require renewed or stronger commitments for continued nutrition progress.

At the 2021 N4G Tokyo Summit, 416 new nutrition commitments were made by 181 stakeholders across 78 countries. The majority of these commitments (67%) focused on health, with around 23 countries making specific commitments and setting goals related to the integration of nutrition services into health systems. These commitments primarily centred on breastfeeding implementation (e.g., implementing the Ten Steps to Successful Breastfeeding, increasing the number of Baby-Friendly Hospitals), iron supplementation, prevention and treatment of malnutrition in children under 5 years of age, and improving the operability of social and health services through mainstreaming essential nutrition actions. For the N4G 2025 Summit, countries are encouraged to build on existing commitments and an enabling policy environment and focus on specifying detailed plans for prioritizing nutrition integration and capacity building within the health workforce to further accelerate progress.

Social protection was not explicitly included in the commitment guide at the N4G Tokyo Summit in 2021, and relatively few commitments focused on social protection specifically, despite its centrality for addressing the root causes of malnutrition and providing a platform for those most in need of improved food security and nutrition. The 2025 N4G Summit offers a unique chance to accelerate progress on malnutrition through leveraging social protection systems. While social assistance programmes, including in-kind and cash-based transfers, are the main social protection instruments with documented impact on nutrition, the N4G Summit presents an opportunity to adopt a more holistic, long-term approach to social protection for nutrition. This could entail combining short-term social transfers with long-term social protection instruments that promote economic stability, strengthen public services, improve livelihoods and support labour market participation, including for nutritionally vulnerable groups, such as pregnant and breastfeeding women and children.

Commitments for social protection can build on existing frameworks, recommendations and commitments, such as those from the Committee on World Food Security, the School Meals Coalition, the International Labour Organization framework and conventions on social protection floors, the Global Action Plan on Child Wasting, Universal Social Protection 2030, the Global Alliance Against Hunger and Poverty (launched at the 2024 G20 Summit in Brazil), as well as the upcoming High-Level Panel on Social Protection in Fragile and Conflict settings. This will reinforce existing commitments and promote alignment, allowing for joint reflection on gaps and challenges, and actionable solutions.

Ultimately, a sustainable reduction of malnutrition requires comprehensive, multisectoral efforts leveraging multiple systems, including but not limited to health, social protection and food systems. For this reason, all commitments at the 2025 N4G Summit should be interdependent, collectively addressing systemic challenges faced by vulnerable populations.



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Call to action

Multisectoral coherence and adaptive systems are key to achieve real results in the fight against malnutrition in all its forms, including undernutrition, micronutrient deficiencies, overweight, obesity and diet-related NCDs. These two **guiding principles** should be reflected and deliberately pursued throughout the proposed commitments and actions to implement them:

- **Multisectoral coherence:** Governments, international organizations, donors, and civil society should commit to strengthen coordination and break down silos across multiple sectors, actors and systems to effectively address malnutrition. This requires prioritizing nutrition and promoting coherence in national, regional and international policies, plans and budgets across all relevant sectors, including food, health and social protection systems. Enhanced alignment and integration of efforts can minimize duplication, streamline service delivery and improve responsiveness to emerging needs.
- **Flexible and adaptive systems and actions:** Functional, adaptive and resilient health and social protection systems are crucial for sustained progress in addressing malnutrition. A shift is needed from reactive humanitarian responses to more preventive and adaptable approaches that leverage and strengthen existing public health and social protection systems to create more resilient communities capable of coping with shocks, including climate-related shocks, conflicts or economic shifts.

HIGH-LEVEL AREAS OF ACTION

We urge governments, donors, international organizations and all relevant stakeholders to make commitments that leverage health and social protection systems as key platforms for addressing malnutrition in all its forms through the following **five high-level areas of action**:

1. Increase financial investment for the integration of nutrition actions

Government, donors and private sector actors are encouraged to scale up long-term, flexible funding for strengthening health and social protection systems, with particular focus on integrating nutrition. They are encouraged to collectively pledge to reach the additional US\$13 billion annually needed to scale up high-impact nutrition interventions, as recommended by the World Bank, and to harmonize investments with national nutrition plans. This involves scaling up domestic and international investments in health and social protection systems and across other relevant sectors to enable access to sustainable healthy diets and essential nutrition services, with a focus on the most vulnerable groups.

2. Strengthen governance to integrate essential nutrition actions

Leadership and governance are crucial to meaningfully integrate nutrition actions in health and social protection systems, plans and policies, while strengthening coordination. Nutrition should be prioritized across all levels of governance and synergies should be fostered across systems. Governments, international organizations, donors and civil society are encouraged to make commitments to:

- Integrate the WHO Essential Nutrition Actions, WHO Guideline on the Prevention and Management of Wasting (2023) and high impact nutrition interventions recommended by the World Bank in national health plans and universal health coverage (UHC) roadmaps and plans. National UHC roadmaps and plans should be aligned with national multisectoral plans, with nutrition as a key focus area. Nutrition actions should be integrated through existing health system services (e.g., immunization programmes or infectious disease screening), and effective coverage increased with a focus on reaching everyone, including those most left behind.
- Strengthen the overall social protection system while reinforcing the integration of nutrition objectives and evidence-based approaches to improve nutrition into social protection policies, strategies, plans and programmes. Commitments should also promote coordination across relevant sectors, including health, food systems, water and sanitation and education, as well as between humanitarian, development and peacebuilding actors.

3. Strengthen the capacity of the workforce

Governments, international organizations, donors, civil society and private sector are encouraged to make commitments that strengthen the capacity of nutritionists, health workers and other professions who work on nutrition in health and social protection systems, especially at the community level, to improve the accessibility and quality of nutrition services.

- In the health sector, commitments should centre on expanding the workforce and ensuring that health and community health workers are properly trained on the integrated delivery of nutrition interventions across the life course, and that they receive supportive supervision and mentoring that builds their capacity to deliver these interventions. Community health workers can extend the reach of health systems and nutrition services to the most vulnerable communities; as such, they should be adequately capacitated and remunerated as providers of essential care.
- In social protection, commitments should focus on strengthening the capacity of the social protection workforce, particularly on how to design, adapt and strengthen social protection policies, programmes and implementation to address all forms of malnutrition. This should include empowering frontline workers to identify and support the most vulnerable individuals and investing in training, professional development and remuneration of key workforce members, such as childcare providers, social workers and social protection administrators. Given that labour market policies also fall under social protection, commitments focusing on integration of nutrition into Occupational Safety and Health regulations to improve health and well-being of workers can also be considered.

4. Strengthen the quality and reach of nutrition programme delivery

Governments, international organizations, donors, civil society are encouraged to commit to strengthen the overall quality and reach of health services and social protection programmes, to design programmes to more effectively improve nutrition outcomes, and ensure that all people have access to the nutrition services they need, when they need them.

- In the health sector, priority actions to prevent and treat malnutrition in all its forms (including the WHO Essential Nutrition Actions and relevant World Bank essential UHC and highest-priority package lists of interventions) should be fully integrated into the package of quality essential health services as part of national health plans and UHC roadmaps. While commitments will contribute to improving health across the life course, they should focus on the most deprived and marginalized and be tailored to the country context and the health needs of the population. Commitments should also ensure that essential, quality-assured nutrition-related health products (e.g. micronutrient supplements and ready-to-use therapeutic foods) are included in national essential medicines lists and are available, affordable and accessible; procured in an appropriate and timely manner; and administered through the health system.



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- In social protection, commitments should adjust targeting approaches to prioritize those with the highest unmet needs, such as pregnant and breastfeeding women and young children, especially during the critical first 1,000 days. Programmes should then gradually expand towards ensuring coverage for all vulnerable populations along the life cycle, in support of meeting the World Bank target of reaching social assistance coverage of 500 million people by 2030. Social protection programmes should be designed to meet the specific needs of nutritionally vulnerable groups; for example, by adding top-ups, such as nutritious foods, to existing household support, through social behavioural change communication, and by ensuring reliable services even in hard-to-reach areas. This is key to ensure that the needs of vulnerable populations are consistently met, accounting for seasonal variations. Social protection platforms should be strengthened to address multiple determinants of malnutrition through offering complementary services or by promoting linkages to health, education, water and sanitation, and food systems. It is also essential to enhance community participation and ownership in social protection programmes, and to adopt and implement policies and programmes that empower women, including through maternity and parental leave entitlements, childcare subsidies, and schemes to compensate women for the value of unpaid caring labour.

5. Invest in strengthening learning, evidence and data for nutrition

Governments and international organizations should commit to strengthen nutrition data systems and capacity for data collection and analysis to improve nutrition surveillance, while supporting better decision-making and strengthening accountability across sectors, including:

- Investing in generating and utilizing robust evidence and data, including through surveillance systems on the determinants of malnutrition, to inform the design, implementation and evaluation of health and social protection programmes aimed at addressing malnutrition.
- Strengthening information systems for health and social protection to ensure they include comprehensive indicators that monitor nutrition-related activities and outcomes.
- Enhancing interoperability across information systems and facilitating information-sharing across sectors, actors and countries, including through South-South cooperation.
- Incorporating feedback from beneficiaries into the design and implementation of health and social protection programmes to make them responsive to the needs and concerns of the communities they serve, enhancing their effectiveness and sustainability.

Examples of commitments

These SMART (specific, measurable, achievable, relevant and time-bound) commitments for mainstreaming nutrition in health and social protection systems are structured around the five high-level actions above. The commitments are designed to be adaptable and context-specific, rather than exhaustive or universally applicable. Cross-cutting elements are reflected across all commitments to ensure they address the multifaceted causes of malnutrition and can respond to emerging challenges.

HEALTH SYSTEMS

The following are meant as example SMART commitments for mainstreaming nutrition into national health systems that national governments, their partners and other international stakeholders can draw from to frame their own commitments, based on country population needs, the structure of the health system and other factors. A comprehensive list of SMART commitments can be found in the *Mobilizing ambitious and impactful commitments for mainstreaming nutrition in health systems: nutrition in universal health coverage guidance*.¹⁷

Context	Example	Main stakeholder
Increase financial investment for the integration of nutrition actions in health systems		
National	By 20XX, the Government of [COUNTRY] will increase public spending on essential nutrition actions delivered as part of essential health services by XX% of the health budget (US\$ XX million a year) to accelerate progress towards UHC.	Government
Global	By 20XX, [FUNDING OR DONOR ORGANIZATION] has increased [by X%] funding of interventions for essential nutrition actions that include nutrition-related health products, such as fortifying staple foods and providing micronutrient supplements.	Donor
Global	By 20XX, XX% of [CIVIL SOCIETY ORGANIZATION(S)] programmes that include nutrition components will be delivered through an integrated approach through the health system rather than through standalone vertical approaches.	Civil Society/Donor
Strengthen governance to integrate essential nutrition actions in health systems		
National	By 20XX, the Government of [COUNTRY] commits to ensuring that the national health plan and UHC roadmap and the national multisectoral nutrition plan are fully aligned, and with a focus on double duty actions to prevent or reduce the risk of both undernutrition (wasting, stunting and/or micronutrient deficiencies), and overweight, obesity and/or diet-related NCDs.	Government
National	By 20XX, the Government of [COUNTRY] will establish and operationalize a multisectoral and multi-stakeholder governance and coordination mechanism for improving nutrition, with robust safeguards against conflict of interest in place.	Government
Global	By 20XX, [FUNDING OR DONOR ORGANIZATION], in collaboration with academic institutions, will sustainably fund nutrition training initiatives, such as development of curricula to ensure nutrition objectives are met in education systems, and ensure that the training initiatives about nutrition are not narrowly focused on curative responses.	Donor
Global	From 20XX, [CIVIL SOCIETY ORGANIZATION(S)] will [jointly] hold governmental and non-governmental actors to account for their commitments to fund, strengthen and use government-led health information systems that take an integrated approach, with a proportionate inclusion of nutrition indicators.	Civil society
Strengthen the capacity of the workforce in health systems		
National	By 20XX, the Ministry of Health will increase the density of health and nutrition professionals to at least XX per 100 000 population, and will provide continued supportive direction, supervision and mentoring to the health and multisector workforce.	Government
National	By 20XX, the Ministry of Health will revise the training curricula in the preservice and in-service training and continued professional development of community health workers, nurses, midwives and doctors, ensuring it includes information on appropriate and contemporary essential nutrition actions.	Government

¹⁷ World Health Organization, *Mobilizing ambitious and impactful commitments for mainstreaming nutrition in health systems: nutrition in universal health coverage – global nutrition summit*, Geneva, World Health Organization, 2020, <<https://www.who.int/publications/i/item/9789240004252>>.

Global	By 20XX, [FUNDING OR DONOR ORGANIZATION] in collaboration with academic institutions, will sustainably fund nutrition training initiatives or curricula development, to ensure nutrition objectives/actions in education systems, and ensure that the training initiatives are not narrowly focused on curative responses.	Donor
Global	By 20XX, [CIVIL SOCIETY ORGANIZATION(S)] will assist in monitoring and evaluating the deployment of trained public health nutrition staff and community health workers in all areas of the country, including assessing the availability of trained/certified health providers in nutrition in all service delivery sites.	Civil society
Strengthen the quality and reach of nutrition programme delivery in health systems		
National	By 20XX, the Government of [COUNTRY] will provide a comprehensive assessment of nutrition status and scale up the delivery of counselling on infant young child feeding and healthy diets for pregnant and breastfeeding women, infants and young children during the critical first 1,000 days.	Government
National	By 20XX, the Government of [COUNTRY] will raise the coverage of iron-containing supplements for pregnant women to XX%.	Government
National	By 20XX, the Ministry of Health will include relevant nutrition-related health products in the national essential medicines lists and/or priority lists of products and local regulatory frameworks.	Government
Global	By 20XX, [FUNDING AND DONOR ORGANIZATION] will increase investments in health service delivery by \$XX million using integrated, multisectoral approaches, reflecting the WHO Essential Nutrition Actions and the World Bank high impact nutrition interventions.	Donor
National	By 20XX, [CIVIL SOCIETY ORGANIZATION(S)] will support government efforts to increase the effective coverage of proven nutrition interventions through an integrated approach to health system capacity strengthening, provision of inputs and operational research.	Civil society
Invest in strengthening learning, evidence and data for nutrition in health systems		
National	By 20XX, the Government of [COUNTRY] will collect and report on quality of care and service availability and readiness for essential nutrition actions in the national package of essential health services, through household surveys, facility surveys and administrative systems as appropriate.	Government
Global	By 20XX, [FUNDING OR DONOR ORGANIZATION] will ensure that all investments in health information systems, including financial assistance, supports an integrated approach, with a proportionate inclusion of nutrition indicators.	Donor
Global	By 20XX, [CIVIL SOCIETY ORGANIZATION(S)] will fully transition to using integrated government-led and owned health information systems for nutrition programming where possible, rather than parallel and duplicative systems that contribute to fragmentation.	Civil society

SOCIAL PROTECTION SYSTEMS

The following are proposed SMART commitments for mainstreaming nutrition into national social protection systems that national governments, their partners and other international stakeholders can draw from to frame their own commitments, based on country population needs, the structure of their social protection systems and other factors.

Context	Example	Main stakeholder
Strengthen financial investment for the integration of nutrition actions in social protection		
Global	By 20XX, [FUNDING OR DONOR ORGANIZATION] will submit annual reports detailing its allocations and disbursements for national social protection policy frameworks and systems responsive to nutrition.	Donor
National/ subnational	The Government of [COUNTRY/REGION] will increase its domestic contribution to nutrition-sensitive social protection programmes tailored to addressing the first 1,000 days by at least XX% annually, from 2025 to 2030.	Government
National/ subnational	The Government of [COUNTRY/REGION] will establish a sustainable budget line for school nutrition and healthy school meal programmes and increase the yearly allocation to US\$XX million in the next X years.	Government
National/ subnational	By 20XX, the Government of [COUNTRY/REGION] will establish clear and robust plans, including contingency budgets, to ensure financial resources are available to respond swiftly to unforeseen shocks and crises affecting the most nutritionally vulnerable groups.	Government, donors/ international financial institutions

Strengthen governance to integrate essential nutrition actions in social protection		
National	By 20XX, the Government of [COUNTRY] will adopt and implement nutrition standards for national school meal programmes.	Government, international actors, civil society
National/ subnational	By 20XX, the Government of [COUNTRY/REGION] will integrate nutrition objectives into the social protection agenda/policy, including linkages with actions from relevant sectors, such as health, education and/or agriculture and food value chain actors.	Government
National	By 20XX, the Government of [COUNTRY] will establish a coordination mechanism between social protection and disaster risk management authorities and humanitarian actors to coordinate the response in emergencies to reach nutritionally vulnerable and affected populations.	Government
Strengthen the capacity of the workforce in social protection		
Subnational	The Government of [REGION] will train at least XX% of the social workers and frontline workers at the decentralized level in identifying and reaching vulnerable individuals, providing necessary information around social protection programmes, and assisting recipients in accessing additional services by 20XX.	Government
Subnational	By the end of 20XX, the Government of [REGION] will increase the number of social workers and other frontline workers at the decentralized level by at least XX% to improve coverage and quality of the social protection programme.	Government
Strengthening the quality and reach of nutrition programme delivery in social protection		
National	By 20XX, the Government of [COUNTRY] will increase by XX% the people reached through national social protection systems with staple foods fortified in line with regional/national/global guidelines.	Government, donors/ international financial institutions
National	By 20XX, the Government of [COUNTRY] will embed nutrition-responsive social protection activities into the national contingency plan to respond to shocks.	Government, international actors
National	By 20XX, the Government of [COUNTRY] will distribute nutritious and safe complementary foods for XX children aged 6–23 months and provide direct food and nutrition support to at least XX million food-insecure adolescent girls and women.	Government, donors/ international financial institutions
National	By 20XX, the Government of [COUNTRY] will review and revise existing social registries and targeting methodologies to ensure XX% more of children and women in need and crisis affected populations are reflected and prioritized within national social protection programmes.	Government, donors/ international financial institutions
National/ subnational	By 20XX, the Government of [COUNTRY/REGION] will assess and adjust the cash transfer size of all relevant social assistance (in line with updated minimum nutritious expenditure basket and other available assessment tools) to enable the most nutritionally vulnerable to have access to healthier, more nutritious diets.	Government
National	By 20XX, the Government of [COUNTRY] will increase the percentage of women selected as primary recipients of social protection schemes by XX% to improve their economic inclusion.	Government
Invest in evidence-based and data-driven actions in social protection		
Global	By 20XX, [FUNDING OR DONOR ORGANIZATION] will allocate a minimum of XX% of the annual contribution towards research to generate evidence on the most effective approaches to improve nutrition through social protection programmes.	Donors, private sector
National	By 20XX, the Government of [COUNTRY] will extend the duration of paid maternity leave to 26 weeks.	Government
National/ subnational	By 20XX, the Government of [COUNTRY/REGION] will improve food price data collection and processing to monitor the cost of healthy, nutritious diets subnationally and will publish these data as part of food security and nutrition monitoring.	Government, international actors
National/ subnational	By 20XX, the Government of [COUNTRY/REGION] will include nutrition inputs and outcome indicators in the social protection monitoring and evaluation framework.	Government, international actors
National/ subnational	By June 20XX, the Government of [COUNTRY/REGION] will invest in strengthening coordination and information sharing among social registries, beneficiary registries, social protection enrollment systems and health management information systems.	Government, international actors
National/ subnational	By the end of 20XX, the Government of [COUNTRY/REGION] will facilitate at least XX South-South and triangular cooperation initiatives per year to share best practices in the integration of nutrition within social protection.	Government, international actors

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