



PROGRESS AND PROMISE

# Nourishing Girls and Women in South Asia



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PROGRESS AND PROMISE

**Nourishing  
Girls and Women  
in South Asia**

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The United Nations Children’s Fund Regional Office for South Asia organized a regional conference, *Nourishing South Asia: Scaling-up Equitable Nutritional Care for Girls and Women in South Asia*, on 18–20 September 2023 in Kathmandu, Nepal.

The conference was attended by 120 participants from the eight countries in the South Asia region – Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka – comprising senior government policymakers, programme managers, researchers, implementation champions, jurists, United Nations partner agencies and development partners working on adolescent and women’s nutrition from across South Asia. The conference format included oral presentations, panel discussions, a marketplace with posters from the eight countries showcasing programme implementation experiences and an international cartoon exhibition.

The country presentations, discussions and marketplace during the conference provided several examples that are testimony to the ongoing progress across the region to improve access to nutritious foods, nutrition services and positive nutrition practices and foster a healthy food environment for girls and women.

These examples are summarized here as a collection of short essays to document ways in which countries are delivering essential nutrition actions for all women and girls in the region.







## Delivering essential nutrition actions for adolescent girls in South Asia

For the 170 million adolescent girls in South Asia to grow and develop to their full potential, they need access to nutritious foods, nutrition services and positive nutrition practices.

To achieve this, programmes need to include a package of five essential nutrition actions: (i) ensure fortified nutritious meals; (ii) provide micronutrient supplementation and deworming; (iii) institute nutrition and lifestyle education; (iv) implement advertising, product labelling, marketing and taxation policies that reduce consumption of unhealthy foods; and (v) offer periodic nutrition screening and special social safety net services to those who are married, mothers, underweight or anaemic.

This section shares nine examples of how countries across South Asia have been delivering these five nutrition actions for adolescent girls.







# Afghanistan

## Delivering iron and folic acid supplements to 1.7 million adolescent girls at their doorstep

*One in three girls aged 10 to 19 years in Afghanistan suffer from anaemia. To tackle this problem, the country launched the universal Weekly Iron and Folic Acid Supplementation (WIFS) programme in 2016 for all school-going adolescent girls to receive WIFS under the supervision of a schoolteacher on a fixed day and time each week. School closures because of the COVID-19 pandemic in 2020 and the fact that, following the takeover by the de facto authorities, secondary schools were closed to girls in September 2021 halted this programme.*

### From school to doorstep

To restore the continuity in adolescent girls receiving their WIFS, UNICEF and its partners piloted the Community Weekly Iron and Folic Acid Supplementation (C-WIFS) programme in 2021 in five provinces. WIFS was delivered to girls in their homes through community health workers (CHWs), half of whom were women. Along with WIFS, the girls were counselled on positive nutrition practices. Informed by the success of the pilot, UNICEF partnered with local organizations to scale up the C-WIFS programme

gradually to all 34 provinces, ensuring that as many adolescent girls as possible are reached.

UNICEF is continuing its support in the procurement of iron and folic acid tablets; capacity building of CHWs; development of operational guidelines and messages for nutrition counselling; operational and funding support to local organizations for programme delivery; and establishment of online systems for reporting and monitoring programme coverage.

### Reducing costs by half

In 2022, 714,000 adolescent girls were reached through C-WIFS, accounting for 37 per cent of girls in targeted locations. This figure increased to 58 per cent by the end of 2023, reaching 1,762,569 adolescent girls, making C-WIFS available for all girls, including those in remote locations, hence ensuring equitable access. Compared to delivering WIFS through school, C-WIFS has reduced the cost of the programme by over 50 per cent (from US\$7 per girl per year to US\$3 per girl per year), improving the programme's financial sustainability.



## Bangladesh

# School nutrition programme reaches 4 million adolescent girls

*In Bangladesh, a concerning trend has emerged in which one in five adolescent girls do not have a diet that is adequately diverse, only about one in four incorporate vitamin A-rich foods in their diets, less than half consume fruits and vegetables on a typical day and one in two drink carbonated soft drinks one or more times a day, while one in three suffer from anaemia.*

## Piloting 'nutrition in schools' package

To ensure that the nutritional needs of school-going adolescents are met, the Ministry of Health and Family Welfare and the Ministry of Education launched a school-based adolescent nutrition programme across 22,067 secondary schools in 2022. Through this programme, adolescent girls and boys receive weekly iron and folic acid supplements and participate in monthly nutrition and lifestyle education sessions. They are also dewormed every six months and nutrition assessments are made with their weight, height and body mass index tracked. The government has made significant financial investments in the capacity development of the workforce to support programme implementation. A total of 581 health and

education managers and schoolteachers across 66 upazilas (administrative areas) in 24 districts have been trained so far.

UNICEF, in partnership with the World Bank and other international organizations, supported the piloting of the programme, generating critical evidence backed by a robust cost-effectiveness analysis, which formed the basis of programme universalization. In 2023, UNICEF continued to facilitate the development and refinement of operational guidance and development of an interoperable digital reporting system. It also provided technical guidance for pre-positioning of supplies and preventing supply stockouts.

## Progress despite challenges

In 2023, the programme benefited 4,069,546 adolescent girls. Additionally, 526 out of the 22,067 secondary schools have been registered and the profiles of 181,749 students (of which 64 per cent were girls) have been entered into the digital reporting system. However, programme scale up and coverage is impacted by insufficient budget allocations for implementation support, leading to delays in procuring iron and folic acid tablets.







## Bhutan

# Fortifying school meals to address micronutrient deficiencies

*In 2014, Bhutan's eastern district of Samdrup Jongkhar witnessed a tragic incident where two schoolchildren lost their lives and 34 more were hospitalized due to peripheral neuropathy outbreaks caused by thiamine (vitamin B12) deficiency. A subsequent study revealed a high prevalence of vitamin B12 deficiency among boarding schoolchildren, with over 90 per cent deficient in thiamine and 64 per cent deficient in cobalamin.*

## Fortifying school meals

To address the prevalent micronutrient deficiencies, the Royal Government of Bhutan took a decision to fortify school meals in addition to providing school-based weekly iron and folic acid supplementation and biannual deworming. The fortified school meals, with support of the World Food Programme, are being provided in public-funded schools. Rice, a staple in Bhutanese diets, is fortified with eight essential vitamins and micronutrients (vitamin A, B1, B3, B6, B9, B12, iron and zinc). To ensure access to diverse nutritious foods, the procurement system for school meals was reviewed and the quantity of animal-source foods, fruits and vegetables

in the meal menus increased. In addition to the fortified school meals, the Ministry of Health in collaboration with the Ministry of Education and Skills Development is providing supervised iron and folic acid supplementation to schoolchildren. In tandem, efforts have been made to introduce school nutrition education programmes to raise awareness on healthy eating habits.

Collaborating with the World Food Programme, UNICEF has advocated for adolescent nutrition services in schools and monastic institutions, emphasizing the holistic approach to addressing the nutritional challenges among Bhutan's youth and adolescents.

## Decline in peripheral neuropathy outbreaks

Since the introduction of fortified rice, reported peripheral neuropathy outbreaks have decreased significantly. To support programme scale-up, the government allocated a budget to provide meals in 137 government schools in 2023, benefiting approximately 55,975 students, which accounted for 60 per cent of all schoolchildren nationwide.



# India

## Forging an Anaemia Free Future

*The large burden of anaemia among Indian adolescent girls has broad implications on well-being, learning and productivity. The 2021 National Family Health Survey indicated that as high as 59 per cent of girls aged 15–19 years were anaemic. After a decade of pilot testing and phased scale up, the Government of India launched the Anaemia Free India Programme in 2018, a universal anaemia prevention and control programme covering all critical life stages that included adolescents aged 10–19 years.*

### Anaemia Free India programme

The Anaemia Free India programme combines weekly iron and folic acid supplementation, biannual deworming, nutrition and health education, annual check-ups, provision of fortified food in government-funded programmes and Anaemia Test, Treat and Talk (T3) camps. The T3 camps provide testing of haemoglobin for anaemia, iron and folic acid (IFA) tablets and dietary counselling to improve consumption and absorption of dietary iron. The government has put in place institutional, monitoring and financing mechanisms and involved medical colleges and academia to support the rollout of the

programme. To track progress and enhance accountability, IFA coverage data are gathered via the Health Management Information System and disseminated quarterly in an anaemia scorecard, which ranks states and districts and provides updates for review and implementation of corrective measures.

UNICEF has contributed to operational guideline development, a training toolkit including an e-module, capacity building and budget tracking. It has also contributed to the setting up of national and state centres of excellence for anaemia control in reputable medical colleges to provide structured technical, capacity building and research support and in economic research institutes to provide data analytics support for decision-making.

### Increased coverage

In 2023, the national government budgeted US\$107.3 million for the Anaemia Free India programme. Programme coverage increased from 8.8 million adolescents reached in 2000 to 52 million reached weekly (of which 28 million are girls) in 2023. An increasing number of state governments are hosting Anaemia T3 camps in schools on a biannual basis.





मध्य विद्यालय सिमलगाछी  
**बाल संसद**  
पद : उप प्रधानमंत्री

## विटामिन युक्त खाद्य पदार्थ

हरी पत्तेदार सब्जियाँ			खट्टे फल		
 बटुआ	 मिठी	 पालक	 अंबला	 गँडू	 शंघरा
 पपीता	 आम	 गजर	 नारंगपाठी	 अमरुद	 अमन्नारा
 भास	 मछली	 अंडा	 टमाटर	 काष्ठा आम	 अंगूर

## India

# School nutrition literacy and regulations tackle the triple burden of malnutrition

*The 2018 Comprehensive National Nutrition Survey showed that one in five girls aged 10–19 years suffered from at least three micronutrient deficiencies and were underweight. It also showed that overweight and obesity was on an exponential rise owing to an increase in screen time, a sedentary lifestyle and consumption of unhealthy foods. As schools offer a unique setting to promote healthy diets and build lifelong nutrition literacy, the Government of India decided to tap its school-based nutrition programming to tackle the triple burden of malnutrition among adolescents.*

## Nutrition education

The triple burden of malnutrition is addressed through a package of school-based interventions, including screening and referral for undernutrition and anaemia, weekly iron and folic acid supplementation, biannual deworming, fortified foods in school lunches, safe drinking water and age-appropriate education on nutrition, hygiene and health.

In 2019, the National Council of Education Research and Training (NCERT) developed a set of 11 training modules to equip schoolteachers with the knowledge and skills to deliver food, nutrition, health and hygiene education and promote an overall

healthy lifestyle. These modules included content to build adolescents' understanding of a nutritious diet. Additionally, the Food Safety Standard Authority of India (FSSAI) developed a series of 17 videos outlining the importance of avoiding ultra-processed foods and beverages, how to read processed food labels and the importance of drinking adequate quantities of water and being physically active. Alongside these efforts, the government is taking action to improve food environments within and around schools: Regulations issued in 2020 prohibit the marketing or sale and/or free-of-cost distribution of unhealthy foods and beverages in schools and within 50 metres of school premises.

UNICEF, as part of a national resource group, supported the NCERT in content development and capacity building of a pool of master trainers to roll out these modules to public secondary schools across the country. It also supported FSSAI to develop the series of videos.

## Scaling up

Approximately 50 million schoolchildren are being reached with nutrition education on micronutrient-rich diets together with weekly iron and folic acid supplementation. The use of the modules is being scaled up in phases to all districts of the country.







## Maldives

# Addressing adolescent overweight and obesity

*The nutrition landscape in Maldives is undergoing rapid changes. An estimated one in five children and adolescents aged 5–19 years are living with overweight and obesity, with a notable increase in adolescent overweight and obesity over the past 10 years (7.6 per cent per annum) due to unhealthy eating habits at home and in school. The unhealthy eating habits are driven by easy access to and unrestrained availability of cheap ultra-processed foods, peer norms, limited conducive environments for healthy food choices and aggressive marketing of unhealthy foods, which pose challenges to addressing overweight and obesity. The school-based Student Health Survey indicated that 39 per cent of adolescents consumed fast food at least once per week.*

## Response to an obesogenic environment

In 2022, UNICEF undertook a policy and programme landscape analysis to shed light on the childhood obesity situation in Maldives. The findings from this review were used to convene two national roundtable policy and programme discussions in 2023, bringing together relevant stakeholders from the Ministry of Education and Ministry of Health. The roundtable discussions centred on trends,

patterns, levels and drivers of malnutrition and arrived at recommended actions to take. These discussions led the Government of Maldives to take a decision to launch the Nutrition and Healthy Lifestyle flagship programme, 'Kaigen Hingama', and establish a collective impact platform to mobilize champions for nutrition.

## Implementing critical actions

Kaigen Hingama is led by the Ministry of Health and seeks to accelerate the implementation of critical actions that will respond to the nutrition and health transition that Maldives is experiencing. It prioritizes four focus areas: Eat well, be active, stop smoking and clean your environment. The emphasis is on engaging youth to monitor the sale of unhealthy foods in and around their school campus, promoting physical activities in communities and creating safe public spaces for exercise. The programme has been designed to target children, adolescents and families, first in 10 selected islands, which, if successful, would be scaled up across the country. The rollout has begun in the 10 selected islands and systems are being put in place for capacity building, monitoring and evaluation.



# पोषण मेला २०२०



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# Nepal

## Enhancing quality and coverage of school nutrition programmes

*Schools provide an opportunity to reach school-age children with a nutritious meal every school day and positively influence lifelong dietary practices. However, the quality of meals, nutrition services and education provided in schools varies considerably in Nepal. There were no standards on the meal content and some schools provided ultra-processed foods. In addition, the marketing practices of some food manufacturers influenced the serving of nutrient-poor ultra-processed foods in schools.*

### Setting standards

In response, the Ministry of Education, Science and Technology and Ministry of Health and Population developed the National Health and Nutrition Midday Meal Guidelines for School-Age Children. These guidelines set standards for the provision of nutritious and safe meals in pre-primary and primary schools using locally available foods that meet 30 per cent of children's requirements for energy, protein and essential micronutrients (iodine, iron, vitamin A and zinc) and restrict the use of ultra-processed foods and beverages that are low in essential nutrients and high in sugar, salt and unhealthy fats. The guidelines were released in 2022 and have been disseminated across the country.

At the same time, complementary actions to improve nutrition were made. These included (i) expanding the provision of

weekly iron and folic acid supplementation to all adolescent girls aged 10–19 years through schools from 4 to 77 districts; and (ii) integrating indicators on adolescent nutrition in the existing routine health information monitoring and reporting system. Some local governments have also prohibited the sale and distribution of unhealthy ultra-processed foods, such as noodles and biscuits, within a 50-metre radius of schools.

UNICEF supported the development of the guidelines and the pilot testing of an adolescent engagement toolkit to engage adolescents in implementing and improving the school nutrition curriculum.

### Improving nutrition literacy

Almost 29,000 schools across 753 municipalities are implementing the guidelines, benefiting about 640,000 school-age children. The close engagement between the education and health ministries has paved the way for further collaboration, including the revision of the nutrition curriculum content for school-age children to improve nutrition literacy. Additionally, 458,521 adolescent girls are benefiting from the weekly iron and folic acid supplementation. The adolescent toolkit was successfully piloted and is included as supplementary material to the national adolescent nutrition guidelines.





## Pakistan

# Cash transfers to improve nutrition of adolescent girls

*The 2018 Pakistan National Nutrition Survey highlighted that 10 per cent of adolescent girls aged 15–19 years were underweight, 15 per cent were overweight/obese and 57 per cent were anaemic. The numbers of underweight and anaemic adolescent girls belonging to low-income households were much higher. However, the government's flagship social protection programme – the Benazir Income Support Programme (BISP) – that provides income support to women did not include unmarried adolescent girls.*

## Pilot to inform programme scale-up

To improve the nutritional status of adolescent girls and ensure those who are nutritionally vulnerable receive a combination of social assistance and nutrition services, the Government of Pakistan extended the coverage of the BISP to unmarried adolescent girls aged 13–19 years. Through a collaborative effort involving UNICEF, World Food Programme, Nutrition International and the Provincial Department of Health, a pilot programme was initiated in February 2024 to deliver a package of nutrition interventions and a conditional cash transfer to adolescent girls from BISP beneficiary families.

The pilot targets 68,330 adolescent girls in six districts. The interventions include a nutritional package offering 30-minute awareness sessions on dietary diversity, physical activity, hygiene and menstrual

hygiene management along with weekly iron and folic acid supplementation and a monthly conditional cash transfer of PKR1,000 to each mother-daughter dyad, contingent on their attendance at awareness sessions. Information, education and communication (IEC) materials and compliance charts for self-monitoring adherence are distributed to the adolescent girls attending the awareness sessions. In addition, awareness-raising videos on nutrition are shown at facilitation centres during awareness sessions.

UNICEF has played a crucial role by providing technical assistance through a technical working group, supporting the development of IEC materials, assisting in the procurement of iron and folic acid tablets and supporting the design of the pilot programme.

## Scale-up and challenges

To date, 50,492 adolescent girls have received conditional cash transfers and a counselling session at a facility and 33,016 have benefited from the weekly iron and folic acid supplementation intervention. Efforts are being made to address key challenges to the scale up the programme. Key challenges include coordination issues among multiple partners, coordination and referral between facilitation centres and schools and difficulties accessing young girls at school and in the community due to the absence of an established government platform.





## Sri Lanka

# Harnessing the power of youth as nutrition champions

*Despite Sri Lanka's commendable performance in maternal and child health indicators, there is a noticeable gap in addressing the nutritional issues of adolescents. The 2022 National Nutrition and Micronutrient Survey highlighted alarming statistics: 23 per cent of adolescent girls were underweight, 9 per cent were overweight and 15 per cent were anaemic. A significant challenge is posed by the government's top-to-bottom approach, primarily implemented through midwives, whose limited reach hinders effective engagement with adolescents.*

## Identifying nutritional issues

In partnership with UNICEF, the Young Professionals Alliance for Health (YouPAH), a youth-focused organization, initiated a community-based programme for adolescents and youth to improve nutrition in their communities, empower them to address nutritional challenges and develop their problem-solving skills. In June 2023, YouPAH selected two youth groups from each district, representing Sinhala and Tamil languages. This led to the establishment of 50 youth groups across 25 districts. Each group aimed to impact 100 families within their community, collectively targeting

40,000 individuals. The youth groups were assigned the task of identifying and prioritizing nutritional issues specific to their communities and proposing solutions.

The youth groups developed proposals with guidance from health promotion and nutrition-related technical specialists from YouPAH and other stakeholders, including the Ministry of Health. Forty projects have been finalized, encompassing interventions aimed at improving the nutrition of children under 5, addressing adolescents' nutrition behaviours, focusing on the nutrition of pregnant women and preparing adolescents for nutritional challenges during pregnancy. YouPAH has appointed a district coordinator for each district to monitor the monthly progress of the youth groups. At the central level, a YouPAH representative visits all districts every three months to conduct programme reviews.

## Community nutrition groups

In 2023, 40 youth groups were active in establishing 174 community nutrition groups in 34 villages, reaching out to 3,916 families. An evaluation is due in 2024 to assess the impact these groups have made on improving nutrition services and enhancing community engagement.





स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
महिला एवं बाल विकास मंत्रालय  
Health and Family Welfare Department  
मातृ एवं बाल सुरक्षा कार्ड  
(एम.सी.पी. कार्ड)

माँ की ममता बच्चे का विकास  
(जल्दा - बच्चा कार्ड)

2022 संस्करण  
स्वास्थ्य एवं परिवार कल्याण विभाग, छ.ग.

## Delivering essential nutrition actions for women before, during and after pregnancy in South Asia

Each year, over 40 million women in South Asia enter pregnancy with one or more nutritional risks. To ensure that they have a healthy pregnancy and safe motherhood, women need access to nutritious diets, nutrition services and positive nutrition practices.

To achieve this, programmes need to include a package of five essential nutrition actions: (i) access to fortified nutritious foods; (ii) micronutrient supplementation; (iii) nutrition information, education and counselling; (iv) safeguards against infections; and (v) weight gain monitoring, nutrition risk screening and services for those most at nutritional risk (cash, food vouchers, food rations and balanced energy protein supplements).

This section shares 10 examples of how countries across South Asia have been delivering these five essential nutrition actions to women before, during and after pregnancy.







# Afghanistan

## Delivering micronutrient supplements and cash transfers to tackle maternal micronutrient deficiencies

*In Afghanistan, women's diets are often poor in quality and lack essential nutrients; deficiencies in essential vitamins and minerals are rampant. The 2013 National Nutrition Survey found that 40 per cent of women of reproductive age were anaemic. The 2022 Standardized Monitoring and Assessment of Relief and Transitions survey indicated a high prevalence of maternal wasting (21 per cent). The maternal mortality ratio is estimated at 620 deaths per 100,000 live births.*

### Improving maternal diets

UNICEF advocated through the National Micronutrient Technical Working Group to introduce multiple micronutrient supplementation (MMS) to pregnant women to reduce the risk of low birthweight children and to strengthen the integration and delivery of essential nutrition services in antenatal care. The technical working group approved the provision of MMS to pregnant women attending antenatal care visits and accordingly revised the national antenatal care guidelines.

MMS is distributed to pregnant women during antenatal care visits in health facilities. Relevant medical staff are trained to distribute MMS and provide key health and nutrition messages to pregnant women. Each targeted pregnant woman

receives at least 180 tablets during her pregnancy, initiated as soon as it is confirmed. To further enhance dietary diversity, nutrition-sensitive cash transfers of US\$69 a month were initiated to households with pregnant and lactating women in 1 of the 22 targeted provinces, together with key messages on promoting healthy diets and MMS.

UNICEF supported the development of the guidelines and training packages and procurement and distribution of MMS, advocated the inclusion of the MMS indicator in the National Health Management Information System and initiated the cash transfers to test the bundled effect of cash transfer and MMS.

### Scaling up nutritional care

In 2023, around 348,000 pregnant women received MMS. Health workers reported a higher compliance rate and demand for MMS compared to iron and folic acid tablets. A key programme challenge is the high commodity demand, which is incommensurate with global supply. This has caused delays in supply acquisition, which meant that the initial target of 1,300,000 pregnant women could not be met. In 2023, 1,823 pregnant and lactating women received the regular monthly cash transfer, with an estimated 14,000 targeted for 2024.





## Bangladesh

# Improving maternal nutrition through multiple micronutrient supplementation

*Despite improvements in maternal nutritional well-being, Bangladesh faces persistent challenges, with around 42 per cent of women of reproductive age and 50 per cent of pregnant women grappling with anaemia. The 2019–2020 National Micronutrient Survey revealed a 29 per cent prevalence of anaemia among non-pregnant, non-lactating women, marking a 3 per cent increase since 2011–2012.*

### Evidence to inform scale-up

To strengthen the nutrition standard of care, the National Nutrition Services under the Ministry of Health and Family Welfare, with the support of UNICEF and the International Centre for Diarrheal Disease Research, Bangladesh, piloted a programme in 2022 to monitor pregnancy weight gain, provide dietary counselling and administer multiple micronutrient supplementation (MMS) to around 65,000 pregnant women at public health facilities. Informed by a baseline survey, comprehensive situation analysis and formative research, the programme was implemented across 279 health facilities in two districts and extended to 10 ready-made garment factories.

### Supporting quality services

To support scale-up and quality improvement of antenatal nutrition services, UNICEF advocated with the government grounded in evidence and equity. It urged increased investment in women's nutrition and supported training for 5,500 health service providers in 24 districts to enhance capacities in nutrition service delivery and counselling. It also contributed to the development of the Maternal Nutrition Operational Guidelines and Costed Implementation Plan to ensure the quality of nutrition services.

### Benefits to pregnant women

The MMS pilot programme benefited 64,360 pregnant women. The cohort follow-up study report indicated that approximately 98 per cent had their weight measured, notably higher than the non-intervention area of 80 per cent. Furthermore, a significant increase was observed in the percentage of pregnant women who received nutrition counselling during antenatal care visits (84 per cent vs 70 per cent). Likewise, 78 per cent received 180 MMS tablets or more during antenatal care visits. Challenges such as societal beliefs, concerns about side effects and logistical issues must be addressed to facilitate the at-scale programme implementation through the existing health system.





## Bhutan

# Improving quality of care and building capacity for maternal nutrition

*The Ministry of Health provides a range of free essential health care and nutrition services for women during and after pregnancy and for children under the age of 2 years. Efforts are also underway to provide cash incentives to pregnant women to deliver in a public health facility. However, women from poor backgrounds who live far from public health facilities are unable to fully access these essential services, mainly due to the actual and opportunity cost of travel and availability of vehicles. While over 75 per cent of households had access to public health facilities within 30 minutes of travel time, there was a need to enhance the package of services and incentives to include women who were otherwise unable to access these services.*

## Multiple micronutrient supplements and cash

To address these challenges, the Ministry of Health devised an accelerating mother and child health policy with the aim to move from four to eight antenatal visits; universalize institutional delivery, immunization and four postnatal visits, exclusive breastfeeding, timely detection and treatment of high risk pregnancies as well as micronutrient powders for children; and switch from iron and folic acid to multiple micronutrient supplements (MMS) for pregnant women and breastfeeding mothers. The policy includes

conditional cash transfers to eligible pregnant women and mothers with children under 2 years of age to reduce the income barrier hindering access to facility-based health services. To support rollout, the government has established a centre of excellence for nutrition at the Khesar Gyalpo University of Medical Sciences of Bhutan.

## Marching towards universal coverage

MMS is being provided to all pregnant women and breastfeeding mothers and efforts are being made to include MMS in Bhutan's essential medicine list. The conditional cash transfer, supported by the World Bank, will be rolled out from December 2024, which will benefit an estimated 25,833 pregnant women and mothers of children under 2 years of age and will be determined by their uptake of mother and child health services.

UNICEF has played a pivotal role in the introduction of MMS by procuring MMS for its launch and supporting the capacity development of health workers and development of advocacy materials. It also supported the implementation of the 2023 national health survey to generate new estimates on nutrition prevalence and provided financial support to set up the centre of excellence on nutrition.







## India

# Flowcharts and system strengthening approach improve antenatal nutrition services

*Pregnancy-related nutritional challenges are prevalent among Indian women, with a significant percentage facing issues, including underweight (19 per cent), obesity (24 per cent) and anaemia (57 per cent). Maternal health programmes by the Government of India provide a basket of maternal nutrition services. However, several programmatic challenges hinder their effective quality and continuity.*

### Five key actions

In 2019–2020, the Government of India piloted a comprehensive strategy integrating flowcharts and a health system strengthening approach in Vidisha district in the state of Madhya Pradesh, which gradually expanded to eight districts by 2024. Maternal flowcharts were implemented to streamline screening nutritionally at-risk pregnant women in antenatal clinics. They encompassed five key actions: Nutrition assessments; distribution of micronutrient supplements and deworming tablets; group counselling; classification of pregnant women based on nutritional risk; and referral to the nearest health facilities, if needed. Auxiliary nurse midwives (ANMs) and female community-level workers carried out these activities. In parallel, with government support, six health system building blocks were strengthened to ensure uninterrupted service delivery, including leadership and governance, capacity building

of health workforce, partnerships, supplies, financing and information systems.

UNICEF partnered with academic and research institutions to develop and test the feasibility of integrating a maternal nutrition toolkit and the programmatic know-how in routine antenatal care training, maternal health reviews and monitoring systems.

### Improved work efficiency

The impact was noteworthy in Vidisha district, marked by an increase in first-trimester antenatal check-ups (from 29 per cent in 2016 to 85 per cent in 2021), four antenatal care visits (from 17 per cent in 2016 to 54 per cent in 2021) and over 180 days of iron and folic acid consumption during pregnancy (from 4 per cent in 2016 to 25 per cent in 2021). Additionally, the prevalence of anaemia in women reduced from 44 per cent in 2016 to 39 per cent in 2021. In 2019–2020, 77 per cent of ANMs reported that using flowcharts improved their work efficiency without increasing their workload. The maternal nutrition budget significantly surged from US\$8.5 million in 2018 to US\$17.8 million in 2021 in Madhya Pradesh, underscoring the programme's success. Learning from Vidisha, Jharkhand, Telangana and Uttar Pradesh are adapting the process to streamline delivery of nutrition services through antenatal care platforms.







## India

# Women's groups take charge to improve preconception nutrition

*Programmes in India have traditionally focused on delivering nutrition services to women during and after pregnancy. The provision of a basket of nutrition services to married women before they enter pregnancy has been a challenge owing to huge numbers and no robust delivery platform, among other factors.*

## Community-led interventions

The Deendayal Antyodaya Yojana National Rural Livelihood Mission (DAY-NRLM) is India's largest poverty alleviation programme, which forms and collectivizes women into women-led self-help groups (SHGs) for thrift and credit and income generation. In 2016, the DAY-NRLM launched the Swabhimaan programme in partnership with UNICEF India across three states, Bihar, Chhattisgarh and Odisha, to improve the nutritional outcomes of adolescent girls and women before, during and after pregnancy through a comprehensive package of community mobilization interventions. One of the key strategies was to reach out to newlyweds through the SHG platform, which met weekly for thrift and credit activities.

Under the programme, SHG members motivated newly wed women to join the SHGs and understand the importance of

both thrift and credit actions and food, nutrition, health and WASH (FNHW) practices as a crucial approach to alleviate poverty. The newly wed women were counselled to register their marriage, have health check-ups, seek family planning options and attend monthly counselling sessions conducted by the SHG members. As an incentive, the newlyweds were provided a welcome box, which included a packet of iodized salt, iron and folic acid tablets, calcium tablets and a pictorial aid to promote healthy eating habits. The newlyweds were also encouraged to attend the community-based Village Health Sanitation and Nutrition Day event.

## Leveraging SHG platform

Leveraging the SHG platform had two strengths: Firstly, the newly wed women had improved access to knowledge on positive FNHW services and practices through peer support; it was easier for SHG women members to connect with the newlyweds to discuss issues related to preconception nutrition; and secondly, joining the SHG platform helped the newly wed women engage in income generation activities. This initiative has been adapted and expanded statewide by the state government in Odisha under an umbrella programme, which aims at reducing maternal and infant mortality.







## India

# Promoting preconception health and care in Maharashtra state

*In Maharashtra, the prevalence of low birthweight (LBW) and preterm birth was very high (19.5 per cent) despite extensive efforts. LBW and preterm births are among the common causes of neonatal mortality and such babies are also at increased risk of stunting, poor cognitive development and non-communicable diseases in adult life.*

### Focus on preconception care

The Government of Maharashtra, with support from UNICEF, implemented a programme, 'Healthy Parents Healthy Child Initiative' in the Peint and Sinnar blocks of Nashik district from 2018 to 2020. Women in the reproductive age group desiring to conceive within one year were enrolled through home visits. All the interventions were supported by behaviour change communication using different communication tools and channels, such as health care manuals, oral communication using flipbooks and audio-video sessions. The services were provided at home, in the nearest health facility, through camps and during the Village, Health, Sanitation and Nutrition Day.

Primary health care centre staff was trained in providing all the interventions, which focused on achieving normal body mass

index (BMI) before conception; preventing and treating anaemia; reducing neural tube defects; quitting tobacco and alcohol; preventing teenage pregnancy and increasing birth intervals; and detecting and treating sexually transmitted and reproductive tract infections and chronic diseases before conception.

### Positive health outcomes

The key achievements of the programme included: women desiring to conceive within one year receiving services for a period of 27 months; a significant decrease in low BMI; significantly lower preterm births in the intervention blocks; a significant reduction in the proportion of LBW, congenital anomalies and early neonatal deaths; reduced adolescent pregnancies; increased compliance with iron and folic acid and peri-conceptual folic acid consumption; and reduced tobacco use.

There were also improvements in other outcomes, such as enhanced rapport with women, increased antenatal care visits, stronger compliance with health care recommendations and improved community mobilization for other health programmes, routine immunization and family planning.





## Nepal

# Accelerating efforts to reduce maternal anaemia

*Nepal has experienced significant reductions in the prevalence of maternal anaemia. However, not all women are benefiting from this progress and poor access to healthy diet, positive nutrition practices and nutrition services continue to be key risk factors for anaemia and other forms of malnutrition in pregnant women. In 2022, one third of pregnant women were anaemic and almost one quarter of babies were born with low birthweight.*

## Enabling a continuum of maternal care

Since 2003, the Government of Nepal has been distributing iron and folic acid tablets through health facilities and female community health volunteers (FCHVs) to reduce maternal anaemia with support from UNICEF and other stakeholders. It has also strengthened the delivery of nutrition education and counselling to pregnant women at the community level through the FCHVs. Pregnant women are also receiving one tablet of albendazole after the first trimester of pregnancy from health workers during the second antenatal care contact (up to 16 weeks).

In addition, the government amended its continuum of care guideline for pregnant women to increase antenatal contacts from

four to eight in 2022. The government is supportive of a policy shift towards multiple micronutrient supplementation and has given the greenlight for implementation research and rollout of demonstration programmes to inform programme scale-up strategies. Monitoring of delivery and uptake of maternal nutrition services has received a boost through inclusion of indicators on maternal nutrition in existing routine health information monitoring and reporting systems.

## Antenatal care contacts increase

Amendment of the timing of the antenatal care contacts in the national continuum of care guideline for pregnant women has been impactful. As a result, the coverage of antenatal care contacts increased from 69 per cent in 2016 to 80 per cent in 2022. Improvement in antenatal care contacts has translated into the increased coverage of iron and folic acid supplementation (180+ tablets) from 42 per cent to 65 per cent and deworming from 69 per cent to 76 per cent during the same period. Moreover, 96 per cent of pregnant women visiting health facilities for antenatal care check-ups received nutrition counselling in 2022.







## Pakistan

# Scaling up multiple micronutrient supplementation to improve antenatal nutrition

*Despite several policy commitments, progress in improving maternal nutrition is slow. Maternal underweight and anaemia in pregnancy affects one in two women in Pakistan. Poor diets, limited access to essential services, gender inequality, high fertility rates and entrenched social norms and practices contribute to women's poor nutrition. Acute disasters, such as the COVID-19 pandemic and the severe floods in 2022, and the global crises exacerbate existing nutrition vulnerabilities.*

## Placing MMS at the centre

Pakistan launched the Maternal Nutrition Strategy 2022–2027 to improve maternal nutrition, aiming to reach 50 per cent of all women with multiple micronutrient supplementation (MMS) programming by 2027. Various organizations, including UNICEF, Nutrition International, Junaid Family Foundation and the Bill and Melinda Gates Foundation, are supporting the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) and the Provincial Health Departments in this effort.

As part of the 2022 emergency nutrition response in flood-affected areas, Kirk Humanitarian donated MMS supplies to cover 2.2 million pregnant women. Over half of this donation was distributed by the National Disaster Management Association across seven districts, with the remainder

delivered by MoNHSR&C via antenatal care platforms to ensure sustainable integration of MMS in standard of care protocols.

Implementation research studies on MMS delivery in both humanitarian and development contexts have provided important learning for MMS programming in the country. Efforts are underway to translate the learning into updated policy and programme guidance and scale up strategies.

## Scaling up MMS delivery

Key priorities to support scale-up include resource mobilization, capacity building of health workers and integration of MMS into the antenatal standard of care packages as well as distribution through the Lady Health Workers programme in areas far from health facilities. The inclusion of MMS on the national essential medicine list in 2023 supports its prioritization in forecasting, procurement, financing and supply chain management. Including MMS in the existing health and nutrition information system management will further enhance the evidence-based programming, resource allocation and monitoring of MMS scale-up and full integration in the health system. Collaborative efforts and strategic prioritization can strengthen scale up of MMS delivery in antenatal care services, positively impacting the nutritional status of women and children nationwide.







## Pakistan

# Stepping up doorstep and group maternal nutrition counselling

*The 2018 Pakistan National Nutrition Survey highlighted concerning statistics in the country that indicated that 14 per cent of women of reproductive age (15–49 years) were underweight, 38 per cent were overweight/obese, 21 per cent had short stature and 43 per cent were anaemic.*

## Community engagement

UNICEF has been supporting the Government of Pakistan to strengthen community-based service delivery platforms, social and behaviour change (SBC) and community engagements for both humanitarian and development programmes, such as the partnership for the rollout of the Benazir Nashunoma Programme (BNP). In November 2023, UNICEF collaborated with the government and World Food Programme to include SBC interventions as a component of the services package under the BNP. This initiative employs one-on-one nutrition counselling and community engagement strategies to promote maternal nutrition among BNP households and beneficiaries. Dedicated personnel, including SBC focal persons and Maternal Infant and Young Child Feeding (MIYCF) counsellors, are being recruited, trained and supported. Their primary responsibility is to educate mothers on maternal nutrition and MIYCF practices at facilitation centres and household level. These counsellors also orient and engage Lady Health Workers (LHWs) to ensure programme sustainability and targeted community engagement. At the community

level, mother-to-mother and father-to-father support groups are being established and supported through regular monthly meetings. These groups use a door-to-door and community-based group session outreach approach to reach BNP beneficiaries and mothers, offering counselling on maternal nutrition and MIYCF.

UNICEF has played a pivotal role by supporting the recruitment of 432 SBC focal persons and MIYCF counsellors in all the provinces, except Punjab where the recruitment process is underway. UNICEF also supported training of 371 master trainers across the country on maternal nutrition, severe acute malnutrition management, key family care practices on parenting and MIYCF, who further imparted trickle-down training to 2,812 frontline workers/facilitation centre staff and health care providers.

## Mother and father support groups

A total of 113,231 mothers have received messages on maternal nutrition and MIYCF. Further, 495 mother-to-mother support groups and 1,182 father-to-father support groups have been formed with 1,523 women and 8,279 men members, respectively. These groups, along with LHWs and MIYCF promoters, have successfully reached 66,349 mothers and families through the door-to-door approach and group sessions in the community and facilitation centres.





## Sri Lanka

# Aiming higher – continuum of care for women’s nutrition includes preconception care

*With a well-organized Maternal and Child Health (MCH) programme, Sri Lanka has been ahead of many countries on maternal and child health indicators. However, progress had stagnated in recent decades, with 72–75 per cent of maternal deaths still preventable and significant issues in women’s nutritional status. Recognizing a gap in the continuum of the life cycle approach, the need to extend the MCH programme to preconception care was identified.*

### Service package for newlyweds

In response, Sri Lanka introduced the ‘Service Package for Newly Married Couples’ in 14 districts in 2011, expanding nationwide by 2018 with standard guidelines issued by the Ministry of Health, Nutrition and Indigenous Medicine. The package includes risk screening, counselling, physical assessments, vaccinations, awareness programmes, family planning services and folic acid supplements delivered by Medical Officers of Health (MOH) and field public health staff. Newly married couples are invited by the Marriage Registrar at marriage registration to access health services. Public Health Midwives (PHMs) register the newlyweds for health services during their routine home visits. The couples complete a self-screening tool, verified by the PHM, and

receive an invitation to attend two preconception care sessions at the MOH clinic. At the first session, nutritional risks are assessed and counselling and management provided, with referrals made if necessary. At the end of the second session, the couples receive a counselling booklet and their data are recorded in the clinic attendance register for newlyweds and summarized in the quarterly MOH clinic return.

Further, the National Nutrition Policy of Sri Lanka (2021–2030), approved in 2022, provides strategic direction for improving nutrition throughout the life cycle, including the pre-pregnancy period. In 2023, UNICEF extended support to the Family Health Bureau in releasing the ‘Basic Maternal Care: A Manual for Healthcare Providers’, offering evidence-based guidance for better outcomes for pregnant women and newborns.

### Data show progress

Approximately 60 per cent of newlyweds are registered, with a significant percentage attending at least one preconception care session. According to a Family Health Bureau cross-sectional study conducted in one district in 2020, 52 per cent of respondents received folic acid supplementation, 30 per cent of pregnant women received anthropometric assessment before pregnancy and 91 per cent of women had a planned pregnancy.









Progress and Promise:  
Nourishing Girls and Women  
in South Asia



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